



ABBHEY COLLEGE IN PRAGUE



APPLICATION FORM: MEDICAL FOUNDATION COURSE - PRAGUE

PLEASE READ THE INSTRUCTIONS BELOW CAREFULLY AND PRINT/WRITE IN BLOCK CAPITALS

ALL APPLICANTS NEED TO COMPLETE THIS APPLICATION FORM AND SEND IT TO THE ADDRESS BELOW TOGETHER WITH:

- a) THE REGISTRATION FEE OF €245 (payment by bank transfer, credit/debit card or bankers draft)
- b) COPIES OF EXAMINATION CERTIFICATES & SCHOOL TRANSCRIPTS/REPORTS (AS LISTED IN SECTION 6, AS WELL AS ENGLISH LANGUAGE CERTIFICATES IF APPLICABLE). IF CURRENTLY STUDYING, PROVIDE PREDICTED RESULTS FROM YOUR EDUCATION PROVIDER ON THEIR LETTER-HEADED PAPER.
- c) PERSONAL STATEMENT
- d) FOUR PASSPORT-SIZED PHOTOGRAPHS OF THE APPLICANT, WITH NAME ON THE BACK, OR SCANNED COLOUR PHOTOGRAPH
- e) COPY OF PASSPORT DATA PAGE
- f) ANY SUPPLEMENTARY LETTERS OR REFERENCES THE APPLICANT MAY WISH TO SUBMIT

Please complete all sections of this form clearly. Failure to complete all sections could result in your application being delayed or rejected.

SECTION 1: DETAILS OF THE APPLICANT - Please use the name as seen on your passport

Family Name: _____ Forename(s): _____

Marital Status: _____ Maiden Name (if applicable): _____

Date of Birth (Day/Month/Year): ____/____/____ Present Age: _____ Male Female Nationality: _____

City of birth: _____ Region of birth: _____ Country of birth: _____

Passport Number: _____ Place of issue: _____

Home Address: _____

Post Code: _____

Home Tel: _____ Mobile Number: _____ E-mail: _____

Address for correspondence (if different): _____

Tel: _____ Mobile Number: _____ E-mail: _____

Who will be responsible for paying fees? (Please state name & relationship to the applicant): _____

Contact details (if different from above): _____

SECTION 2: HEALTH & INSURANCE

Does the Applicant take medication on a regular basis, or have any health issues? Yes No If yes, please give details separately.

We advise all students to take adequate health and personal insurance. Would you like the college to assist with this? Yes No

SECTION 3: WHERE DID YOU FIRST HEAR ABOUT THIS COURSE?

From a friend/family member From Charles University From a representative/agent From an exhibition in _____

From the Internet/a website (please give details): _____

From a university/counsellor/careers advisor (please give details): _____

From a medical conference (please give details): _____

Other (please give details): _____

SECTION 4: COURSE DETAILS

Which subsequent degree course do you wish to apply for? Medicine Dentistry Pharmacy Physiotherapy Other _____

Which entry date on the course do you wish to start?

September Entry January Entry (for able applicants only, including minimum IELTS English level of 5.5 – if unsure please ask)

SECTION 5: YOUR ENGLISH LANGUAGE LEVEL

Native speakers of English, and non-native speakers with an IELTS equivalent level of 6.0 or better, will not normally require additional English Language lessons. Those with IELTS equivalent level of 4.5-5.5 will require additional English Language lessons as a compulsory additional part of the course; these will be invoiced at **€1710 for September starters** or **€570 for January starters**. Applicants below IELTS equivalent level of 4.5 are not suitable for this course; please contact us for pre-sessional options. Please tick which of the following applies:

- I am a native speaker of English, from a country whose first language is English (see country list on website)
- I am not a native speaker of English but I have an English Language equivalent IELTS level of 6.0 or above Go to Part B
- I am not a native speaker of English but I have an English Language equivalent IELTS level of 4.5-5.5 Go to Part B

Part B: I have an official English Language qualification **Please attach a copy** with full details including date taken.

I have no English qualification (You will need to have a Skype interview and/or written assessment so we can test your level before proceeding)

SECTION 6: DETAILS OF ACADEMIC RECORD AND QUALIFICATIONS

1. Name and address of Secondary School or College:

Year of Graduation: _____

2. Name and address of university or Higher Education Institution if applicable:

Full Course Title: _____ Year of Graduation: _____

EXAMINATIONS ALREADY TAKEN AND TO BE TAKEN. Please use a separate sheet if needed to list examination subjects, grades and dates and enclose copies of all certificates obtained to date. Please make it clear if results given are actual or predicted results (if predicted a letter should be attached to this application from the school/college with the predicted grades).

SECTION 7: PERSONAL STATEMENT

Please attach a typed personal statement to tell us about yourself and your interests. In particular explain why you wish to pursue your chosen course of study. Statements should be no longer than **one** A4 typed sheet.

Personal Statement attached? Yes No

SECTION 8: VISA

Do you require a visa to study in the Czech Republic? Yes No British and other EU students do not currently need a visa.

SECTION 9: PREFERRED ACCOMMODATION

Standard (twin room, private bathroom) Single (single occupancy, private bathroom – See fees list for supplement)

SECTION 10: DECLARATION BY PARENT/GUARDIAN OR SPONSOR (PLEASE COMPLETE A OR B)

I apply to enrol the student named in Section 1 of this form for a Foundation Course in Prague. I undertake to pay all relevant fees and charges on or before the date on which they become due.

A) NAME IN FULL OF PERSON SIGNING: _____ SIGNATURE: _____ DATE: _____

RELATIONSHIP TO APPLICANT: _____ ADDITIONAL SIGNATURE BY APPLICANT: _____ DATE: _____

B) I AM SPONSORING MYSELF. SIGNATURE: _____ DATE: _____



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PAYMENT BY BANK TRANSFER

If paying the €245 Registration Fee by bank transfer please include a copy of the confirmation of bank transfer with your application.

The bank details for transfers are as follows:

Bank	Lloyds Plc.
Branch	Queen Sq. Wolverhampton
A/C Name	The Abbey College in Malvern Ltd.
A/c No	86550006
Sort Code	30 99 83
SWIFT BIC	LOYDGB21114
IBAN	GB42 LOYD 3099 8386 5500 06

I have transferred the sum of €245 on the _____ (insert date).