

REFERENCES

As it is our practice to obtain references prior to the selection stage, please give the name and address of two referees who we may approach and the capacity in which they are known to you. The referees named must be people who can comment authoritatively on you as a person and must include your current or most recent employer (or his / her representative) or lecturer who knows you well.

1) Name and Full Postal Address

2) Name and Full Postal Address

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Relationship
(i.e. employer, professor)

Relationship
(i.e. employer, professor)

Contact No.:

Contact No.:

Email Address:

Email Address:

DECLARATION

I confirm that the information given on this form is correct and understand that any false statement may be sufficient cause for rejection or if selected may subsequently result in dismissal from the programme. I will produce evidence of all qualifications declared in this application form. I understand that, if offered an admission, I will be required to complete Vsa procedure and undergo a medical examination / check up if required. I understand that this information will be stored in manual and electronic files and is subject to the provisions of the Data Protection Act. I understand and agree to abide by the conditions and regulations of the College, which I accept as a condition of this application.

Applicant's Name:

Application's Signature

Date: ~ ~ ~ ~ ~ / ~ ~ ~ ~ ~ / ~ ~ ~ ~ ~

COMPLETE APPLICATION

Complete Application Form must be submitted by the published closing date with two passport size photos, photocopies of the passport and academic and experienced related certificates.

FOUR WAYS TO SUBMIT THE COMPLETE APPLICATION FORM:

- 1) Post: MCET Ltd • The Thistles
College Road · Birmingham B13 9LS · UK
- 2) Tel. +44 (0)121 777 8009
- 3) Fax. +44 (0) 121 777 9877
- 4) Email: Info@mcetltd.co.uk

4) Submit or post it at the following address:

FOR COLLEGE USE

Application received by: ~ Fax ~ Post ~ Courier ~ Online ~ Email

Date : ~ ~ / ~ ~ / ~ ~ ~ ~

Comments and Actions:



MCET

Summer Placement Study & Training Programme

Please
Affix
Your
Photo
Here

APPLICATION FORM

(please complete this form in **BLOCK LETTERS** using **BLACK INK**. Online, Ms Word & Pdf format' application form available on the website.)
(Please read the prospectus before completing this form.)

PERSONAL DETAILS (The information detailed will not be used when short listing)

Title :	Surname:	
Forenames:		
Home Address:		
City:	State:	Country:
Home Telephone No.:	Business Telephone No.:	
Mobile Telephone No.:	Date of Birth: (DD/MM/YYYY) ~ ~ ~ ~ ~	
Email Address:		
Nationality :	Sex : ~ Male ~ Female	Marital Status:

COURSE / PROGRAMME DETAILS AND PAYMENT OF FEES

Course / Programme Name:	
Start Date:	Duration:
Who is responsible for payment of your fees? ~ Self ~ Other	
Other please, please specify name and contact details (please send attachment)	
Name:	
Address:	
City:	State:
Telephone No.:	Fax No.:

EMPLOYMENT RECORD

Period of Employment:	From: ~ ~ / ~ ~ ~ ~	To: ~ ~ / ~ ~ ~ ~
Name and Address of present / last employer	Designation:	
	Telephone No:	
	Fax No:	
	E-mail Address	

PREVIOUS EMPLOYMENT (in Chronological Order)

Designation/Post	Employer	Employment Period From:	Employment Period To:

EDUCATION AND ACADEMIC QUALIFICATIONS

Name of Institute, College, University & Country	Duration From to To (mm/yy)	Degree (i.e. Mcom, MBA, etc)	Class	Medium of Instruction (i.e. English, French, Hindi)

Details of Professional Training

Dates Awarded

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Details of qualification and name of education institute for which you are currently studyingExpected
Completion Date

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Publications and Research (please list brief details including dates)Continue ...
on separate sheet if necessary
How did you hear about the College?

Newspaper/Magazine
 Relative/Friend
 Website
 Workshop/open day
 Agent/consultant

Email
 Other sources (please state):

If other sources, please state:

Accommodation

Do you want us to book your accommodation? Yes No

If No, please give details of the accommodation you going to stay:

HEALTH

Do you suffer, or have you suffered, from any serious illness / disability? Yes No

If yes, please give details:

CRIMINAL RECORDS

Have you any 'unspent' Criminal Convictions? (Please delete as appropriate) Yes No

(If Yes, please give details including dates):

SPECIAL INFORMATION

Please (a) detail your reasons to attend this programme including (b) what you aim to achieve from the programme.

a)

b)