



APPLICATION FORM

FOR UNIVERSITY USE ONLY			
SITS Applicant No.		SITS AoS Code:	
Decision	Interview		Date:
	Reject		Conditions of offer:
	Offer		
Signed: (Admissions Tutor/Course Director)			

This form requests a significant amount of personal information. This is required so that we can decide on your suitability for the course you are applying for. The information you provide will be used for this purpose and monitoring of equal opportunities only. It will be treated in confidence and will only be seen by those whose jobs require them to do so.

Please complete in BLOCK CAPITALS

1. Course Details

Course Title:

Proposed start date: Full-time Part-time

Proposed Year/Level of Entry: Year 1 Year 2 Year 3

2. Personal Details

Title: Mr/Ms/Miss/Mrs etc. Gender: Male Female Date of birth:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

First name(s):

Maiden or any other name(s) that you have been known by:

Surname/family name:

Permanent address:

Country: Postcode:

Correspondence address (if different):

Country: Postcode:

Daytime telephone: Evening telephone (if different): Mobile:

Email address: Nationality:

If not born in the Iran please state date of arrival to Iran: Area of permanent residence:

If you are a member of a Professional Body, please give its name and your Registration Number:

Have you ever studied in the Iran before? (If yes, please include a copy of all visas) Yes No

What level was your previous study in the Iran (please tick all that apply)? Foundation Degree Master's

Have you ever studied at ZUMS before? Yes No

3. Academic and Professional Qualifications

Please enter details of the highest level of qualification you currently hold.

Qualifications, eg: GCSE, HND, Degree, Access, NVQ, Postgraduate, Master's, Professional	Subject/unit	From month/year	To month/year	Place of study	Results (grade or band)	CATS points and level (if applicable)

Now please list all other qualifications taken, whatever the result, in reverse chronological order ie: latest first. If you are awaiting the result of any examination please indicate the date in the results column. Please continue on a separate sheet if necessary.

Qualifications, eg: GCSE, HND, Degree, Access, NVQ, Postgraduate, Master's, Professional	Subject/unit	From month/year	To month/year	Place of study	Results (grade or band)	CATS points and level (if applicable)

If you have a 10 digit Unique Learner Number (ULN), please enter it in the box provided.

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If you are an overseas student please include your IELTS/TOEFL results below:

IELTS overall band score:

TOEFL internet-based test score:

The University may also accept other approved qualifications equivalent to the IELTS/TOEFL test scores. Please list these above or on a separate sheet if necessary.

4. Employment and Work Experience

Please give details of work experience, training and employment in reverse chronological order.

Nature of work/training	Name of organisation	Full-time or part-time	From month/year	To month/year



5. Criminal Convictions

6. International Students

Did you use an agent to help you find this course? Yes No

Agent's name:

Agent's email:

7. Referee(s)

Name and address of Referee(s):

Name:

Name:

Address:

Address:

Postcode:

Postcode:

Telephone:

Telephone:

Fax:

Fax:

Email:

Email:

8. Supporting Statement

Please enter here any further information in support of your application, for example, reasons for choosing the course, your professional career to date (if relevant) and your current career goals. Please continue on a separate page if required.



9. Disabilities

Do you have any special needs? (please tick). The information you provide will be treated confidentially and will not affect judgements concerning your academic suitability for a course.

- A No disability.
- B You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder.
- C You are blind or have a serious visual impairment uncorrected by glasses.
- D You are deaf or have a serious hearing impairment.
- E You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
- F You have a mental health condition, such as depression, schizophrenia or anxiety disorder.
- G You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.
- H You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.
- I You have a disability, impairment or medical condition that is not listed above.
- J You have two or more impairments and/or disabling medical conditions.

10. Declaration

I confirm that the information given on this form is true, complete and accurate and that none of the information requested or other material information has been omitted. I accept that if it is discovered that I have supplied false, inaccurate or misleading information, Zanjan University of Medical Sciences reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the University and I shall have no claim against Zanjan University of Medical Sciences in relation thereto.

Applicant's name: Applicant's signature: Date:

PLEASE INDICATE HOW YOU HEARD ABOUT THE COURSE (please tick relevant boxes):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Careers service | <input type="checkbox"/> Alumni | <input type="checkbox"/> Colleague/friend |
| <input type="checkbox"/> Education fair | <input type="checkbox"/> Employer | <input type="checkbox"/> Current student | <input type="checkbox"/> Internet (general) |
| <input type="checkbox"/> Previous student | <input type="checkbox"/> Professional association | <input type="checkbox"/> Direct mail | <input type="checkbox"/> Personal enquiry to ZUMS |
| <input type="checkbox"/> ZUMS Course Enquiries Team | <input type="checkbox"/> ZUMS website | | |

Other (please specify):



REPORT ON APPLICANT

Referees should note that the contents of this report may be shown to the applicant on request.

To the Candidate:

Please fill in your name and course details below, detach and forward this part of the form to your referee for completion.

Applicant's name: Date of birth:

Course applied for:

To the Referee:

I am applying for admission to the above course at Zanjan University of Medical Sciences. The University would appreciate your personal impressions of my intellectual ability and professional skills.

Please comment on my character, quality of previous work, personal strengths and weaknesses, and potential.
(Please use a separate sheet if you prefer).

Signed (applicant): Date:

Name and position:

Institution:

Address:

Country: Postcode:

Telephone: Fax:

Email:

How long have you known the applicant and in what capacity?

Please comment on the applicant's suitability for the course with particular reference to his/her strengths.



How would you rate the applicant in relation to the following? (please tick appropriate boxes)

	Excellent	Very good	Average	Below average	Unable to comment
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambition and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality and creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any other comments you feel would be helpful in supporting their application to the University:

Name of referee:

Signature of referee:

Date:

Thank you for completing this form. Now please return it to:

**Zanjan University of Medical Sciences and Health Services
Office of International Affairs
Building NO. 2- Central Office of ZUMS- Azadi Sq.-
Zanajn- Zanjan- Iran
Tel: +98-24-33165443
+98-24-33165395**