

Application Form for Degree Programmes

Please refer to your GEP application guide and complete the form accordingly.

COURSE DETAILS

Course Name:

Awarding Body

Course Type Top-up Program Transfer Program

Study Mode Online Face to Face

STUDENT DETAILS

Title: Mr Mrs Miss Ms Dr Other

First Name

Last Name:

Date of Birth:

Nationality:

CHECKLIST

- Copy of Passport or UK driving license
- Completed application form and signed student contract
- English proficiency test (if required)
- Relevant qualification certificates
- Contact details including phone number, address and email
- Curriculum Vitae
- Work/ Academic Reference

Your Application Guide

Please carefully read this guide to avoid delays in the application process.

Personal Information

Please let us know if your contact details such as permanent and term time addresses, telephone numbers and e-mail address change.

Course Details

Please check carefully whether you have met the entry requirements for your chosen course. Most of our courses require students to have a combination of educational as well as employment qualifications (such as work experiences).

Educational Information

Please state your educational qualification starting most recent first. If you have not yet completed your qualification, please state the proposed completion date. We require you to submit copies of all your certificates and mark sheets with your application form. Please do not send the originals; we only require attested copies of your documents. If your documents are not in English, please include a translated copy with your application form.

Minimum IT Requirements

Students are expected to have a good internet connection to access the study platform.

English Language Proficiency

If you are a non-native English speaker, you are required to submit evidence of your ability to communicate in English. This can be done by an independently verified English language test such as IELTS, Cambridge Certificate, etc. Please send the attested copies of such certificates with your application form.

Employment Information

Please provide us details of your work experiences, starting from the most recent. Please mention clearly your duties and responsibilities with specific attention given to any tasks that are relevant for your chosen course. Please also mention clearly the start and end dates of your experiences. Also mention whether they are full time, part time or internships. Please also include copies of any work reference letters to support the activities that you have mentioned under 'Duties and Responsibilities'.

Employment Information

The minimum course fee must be paid before a place is offered. If you are planning to apply for sponsorship or a bank loan, please tick the appropriate box under 'Course Fees'. We will then issue you a conditional offer email confirming your eligibility for your chosen study programme and the fees, enabling you to apply for your funds. Otherwise, tick 'Self-funded.' Please also budget for any potential exam resit fees, as these are not included in the initial course price. If you have any questions or concerns regarding this application from, please contact your Admission Manager.

PERSONAL DETAILS

Title: Mr Mrs Miss Ms Dr Other

First Name

Last Name

Gender Male Female

Nationality

Email

Confirm Email

Alternative Email

Date of Birth

Permanent Telephone:

Landline

Mobile

Permanent Address:

Street

City

PostCode

Country * Permanent Address must match Nationality

Term Time Telephone:

Landline

Mobile

Term Time Address:

Street

City

Post Code

Country

Other Contact Details:

Viber * For verification purposes

Skype * For verification purposes

NEXT OF KIN DETAILS

*Please provide details of a contact person in case of emergency

Title: Mr Mrs Miss Ms Dr Other

First Name

Last Name

Telephone

Email

COURSE DETAILS

Awarding Body

Course Name

University Intake

ENGLISH LANGUAGE LEVEL

*For non-native English speakers

IELTS ESOL City & Guilds Other (Specify)

EDUCATIONAL QUALIFICATIONS

*Please enclose an up to date Curriculum Vitae with detailed information

Qualification 1:

Start Date: DD/MM/YEAR End Date: DD/MM/YEAR Grade:

Qualification 2:

Start Date: DD/MM/YEAR End Date: DD/MM/YEAR Grade:

Qualification 3:

Start Date: DD/MM/YEAR End Date: DD/MM/YEAR Grade:

WORK QUALIFICATIONS

*Please enclose an up to date Curriculum Vitae with detailed information

Position 1:

Start Date:

DD/MM/YEAR

End Date:

DD/MM/YEAR

Currently Working

Main Duties and Responsibilities:

Position 2:

Start Date:

DD/MM/YEAR

End Date:

DD/MM/YEAR

Currently Working

Main Duties and Responsibilities:

COURSE FEES

Self Funded

Company Sponsored

Bank Loan

Local Access Point

TERMS AND CONDITIONS

Please tick this box to confirm that you have read and agreed to the Terms and Conditions and Student Contract

Please tick to confirm that you expressly consent to the Consents and Warranties and that you understand their effect

SUPPORT REQUIREMENTS

*Please complete this section if you have any disability, medical condition or specific learning difficulty learning.

Do you have a disability, medical condition or specific learning difficulty? If yes, please e-mail a copy of the medical certificate to admissions@globaleducationplatform.com

Date

DD/MM/YEAR

Signature

Consents and Warranties

For all Study Modes

IMMEDIATE ENROLMENT WAIVER

I give my express consent to GEP beginning delivery of the services for my chosen course within the 14 day statutory cancellation period from the date of me submitting this application, including but not limited to providing me with access to the Learning Platform and course materials. I understand and agree that this means I lose my absolute right to cancel, and that should I cancel within 14 days:

- My refund will be reduced in proportion to the services I have received (e.g. awarding body registration and agent's commission paid on my behalf will not be refunded);
- Completed application form and signed student contract

PAYMENT TERMS

My GEP admissions manager or GEP referral agent (on behalf of GEP) has provided me with details of the following in a durable medium (e.g. by email, payment plan, or as a paper fee sheet):

- The total cost of the course fees, including VAT or other taxes where applicable;
- The amounts of any initial deposits required;
- Any accredited prior learning exemption fee

The Student shall pay to GEP the amounts stipulated in the Student Payment Plan (annexed herewith) in the manner specified thereto. The Student expressly agrees to the said terms and conditions and in witness and/or in agreement whereof, the Student places his/her signature hereto.

Student Name:

GEP Student No:

Date:

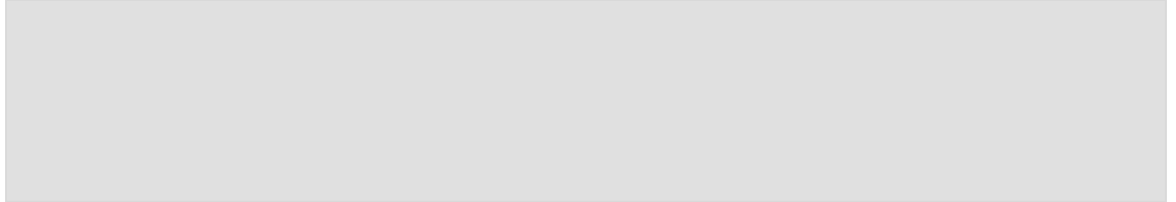
Student Signature:

PARTNER CONSENTS

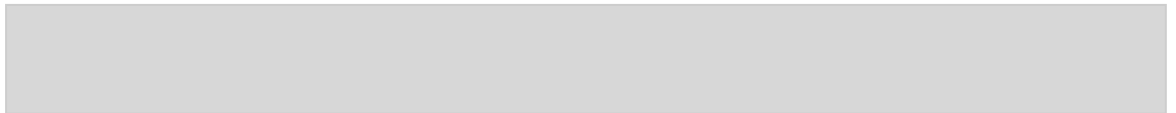
*Please enclose an up to date Curriculum Vitae with detailed information

The Partner shall be liable to collect the said amounts stipulated Student Payment Plan in the manner specified there-to, to make payments there from promptly to GEP, in any event payments shall be made by either the Partner or by the student directly to GEP. The Partner expressly agrees to the said terms and conditions and in witness whereof, the Partner places its signature/official seal hereto.

Partner Signature
and Seal



Student Signature



DATA PROTECTION CONSENTS

I consent to the collection, sharing, and use of any information I provide, including sensitive personal data such as on my health, in accordance with the following purposes:

- Enrolment with GEP, and with affiliated universities, and awarding bodies
- Monitoring attendance on the courses provided by GEP, and associated universities
- To ensure payment of fees specified in these Terms and Conditions
- To allow GEP to comply, or to ensure my compliance, with the Terms and Conditions or Student Contract
- To prevent and investigate academic offences and plagiarism (e.g. Turn-it-in)

I also consent to GEP transferring my information to countries or jurisdictions which do not provide the same level of data protection as the UK, including Sri Lanka, and my home country, or to GEP Partners outside of the UK, if necessary for the above purposes. I acknowledge that if GEP does make such a transfer they will, if appropriate, put a contract in place to ensure my information is protected.

DATA COLLECTION CONSENTS

I hereby authorise my Agent of GEP and my Admission Manager, to collect appropriate and necessary data, including personal data protected by the Data Protection Act (DPA) 1998, relating to my enrolment ('Enrolment Data') including:

- Transcripts, degree certificates, and other academic qualification records
- Student ID cards
- Enrolment letters
- Other

Student Name:

Course Name:

University
Student No:

Date:

Student Signature

Student Payment Plans

Instalment Scheme

Partner Name:

Student Name:

Course:

Intake:

Please see below details of student's payment plan which details the amounts owing to us and dates for payment. Please note full payment must be made on dates detailed below.

	Amount (£)	Date of Payment	Method of Payment
Partner Name:	<input type="text"/>	<input type="text" value="DD/MM/YEAR"/>	<input type="text"/>
Student Name:	<input type="text"/>	<input type="text" value="DD/MM/YEAR"/>	<input type="text"/>
Course:	<input type="text"/>	<input type="text" value="DD/MM/YEAR"/>	<input type="text"/>
Intake:	<input type="text"/>	<input type="text" value="DD/MM/YEAR"/>	<input type="text"/>

The Student shall pay to GEP the amounts stipulated in the Student Payment Plan (annexed herewith) in the manner specified thereto. The Student expressly agrees to the said terms and conditions and in witness and/or in agreement whereof, the Student places his/her signature hereto.

Date:

Student Signature:

Partner Signature and Seal: