

UNIVERSITY COURSES INTEREST FORM



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Employment History:

Please add details of up to 5 of your most recent employers, listing your current employer first.

Employer Name	Employer address	Position held	Start date	End date

DBS:

Do you have a DBS? YES / NO

If Yes, provide your DBS Number: _____

Medical Conditions:

Do you have any existing medical conditions? YES / NO

If yes, please specify: _____

Privacy Notice:

We will use the details you have provided to contact you with regards to the University Courses, including invites to advice sessions, application guidance, including inviting you to future interviews, induction and other events. We will keep your details securely. In order to process your application, if you are currently attending another school or college, we may need to share data relating to your application with the school or college. We are under a legal obligation to share your data with local authorities. Data provided as part of the process of applying will not be used for additional purposes without your consent. For further information on how your information is used, how we maintain the security of your information, and your rights to access information we hold on you, please contact dataprotection@cardinalnewman.ac.uk

Please sign and date the application below:

Signature:		Date:	
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Completed forms should be returned to:

HE Admissions, Cardinal Newman College, Larkhill Road, Preston, Lancashire PR1 4HD

Email: admissions@cardinalnewman.ac.uk