



Postgraduate Courses Application Form

Please indicate the course you are applying for;

- Postgraduate Certificate Destination Management**
- Postgraduate Diploma Destination Management**
- MSc Destination Management**

Candidate Surname Mr/Mrs/Ms/Other*: _____

Other Names: _____

Address: _____

Tel No: _____ Mob No: _____

E-mail: _____

Address for correspondence if different from above: _____

_____ Tel No: _____

Date of birth: _____ Country of Birth _____

Nationality: _____ Male/Female

Overseas students please show date of last entry into the UK: _____

Are you a TMI Member? Yes/No* If yes, which category: Fellow/Full/Associate/Affiliate*

Employment: enter any details of present, if any, and previous employment in chronological order. Please attach your curriculum vitae (CV) with full details

Employers name and address	From	To	Nature of work

* Delete as applicable

Education

School/College/University	Full or part-time	Course title (Further/Higher Education)	From	To

Qualifications obtained or with results pending	Date Obtained

Personal Statement

Fees: Who is expected to pay the fees? Tick the appropriate box: self other

If other, provide a purchase order/reference and show the address to which the invoice should be sent (Please see guidance notes):

Referees

Name and address of persons to whom we may write for educational and vocational references, one of whom should be your current or most recent employer

1 _____ 2 _____

DISABILITY INFORMATION

The University is fully committed to the implementation of a policy to achieve equal opportunities for all students. In order that we can provide appropriate support for disabled students, it is important that any additional needs are outlined at the time of application.

Please enter in the box below the code from the list below, which is most appropriate to you. If you are not disabled or have no special needs or medical condition, use code 0.

- 0 None.
- 1 You have dyslexia.
- 2 You are blind or partially sighted.
- 3 You are deaf or hard of hearing.
- 4 You are a wheelchair user/have mobility difficulties.
- 5 You need personal care or assistance.
- 6 You have mental health difficulties.
- 7 You have a disability which cannot be seen, e.g. diabetes, epilepsy or a heart condition.
- 8 You have two or more of the above.
- 9 You have a disability, special need or medical condition that is not listed above.

CODE

If you have entered code 1-9 in the box, please give details of any support you might need:

Applicants who indicate support needs may be invited to discuss these in further detail, if appropriate.



Name of applicant:.....

Signature:.....

Date:.....

Guidance Notes for Completing Your Application

Course Title:

PG Cert Destination Management / PG Dip Destination Management / MSc Destination Management

Address:

We will send all correspondence to your permanent home address unless you have specified an alternative address for correspondence. If you do this, we will send all mail to that address instead.

Employment:

In addition to noting the details on the form, please attach your curriculum vitae (CV) with full details of your career history

Education:

Please give details of all secondary education and any further studies completed or currently being pursued. Where you have the results, please supply them. If you have taken an examination and are awaiting the results, please write "results pending". Please indicate whether study at further/higher education was full or part time.

Please send copies of certificates and transcripts for all examinations taken. If English is not your first language, we require you to take a test confirming your level of English. Further details on English language requirements can be found at

http://www.leedsmet.ac.uk/gradschool/international_students.html

Personal Statement:

This section is to let us know of anything that you think may help your applications, and for you to tell us of any information you think we need to know about you. Please tell us why you would like to do the Course or module(s) for which you are applying and how you think it will help you achieve your aims. **This part must be completed.**

Payment:

If your employer is paying your fees, please be sure to provide a signed letter from them on headed paper quoting your name and the amount/percentage they are going to pay. Please also provide the purchase order or reference number to be quoted on the fee invoice.

References:

We require you to have two referees who can vouch for your abilities, personality and suitability for the course for which you have applied. One referee should be your current/most recent employer. We will contact both referees on receipt of your application form.

To apply, please complete this form as a Word document and submit it by e-mail with supporting information to Leeds Metropolitan University's Admissions office: direct-admissions@leedsmet.ac.uk
Please copy the e-mail to Dr. Philip Long, Course Leader: ctccadmissions@leedsmet.ac.uk

Alternatively return this form by post to;

Admissions Office
Leeds Metropolitan University
Civic Quarter
Leeds LS1 3HE

If you have any queries at all, please contact:

Dr. Phillip Long
Centre for Tourism and Cultural Change
Leeds Metropolitan University
Old School Board
Civic Quarter
Leeds LS1 3RD
Tel: +44 (0) 113 812 8545 E-mail: p.e.long@leedsmet.ac.uk