

**Application Form for Students – Online programmes**

This form may be printed or photocopied, please write in black ink.

Please affix official stamp where appropriate, at the end of the statement.

Please read the accompanying Notes for Guidance before completing this form.

**Please complete all sections**. If a section is not applicable, write N/A.

**Please return the completed form and any supporting documents to the:**

Admissions Office

Godinmartins Academy

 Email: Info@godinmartinsacademy.org.uk

 Telephone: +237680451280/ +237693885378

 Website: www,godinmartinsacademy.org.uk

# Personal Details

|  |  |
| --- | --- |
|  **1 Title (Mr, Mrs, Ms, Miss etc)**  |  |
| **2 Full Name**   | **First/Given Names:** **Surname/Family Name:**   |
| **3 Previous Surname/Family Name**  **(if changed)**  |  |
| **4 Gender**   Please select as appropriate  |  * **Male**

* **Female**

  |
| **5 Date of Birth**  **(DD/MM/YYYY)**   |   |
| **6 Contact Address**  |  **Contact details**  |
| **7 Correspondence / Residence** **Address**  **( If different)**   | **Address : Where appropriate**   |
| Town/City |  |
| **8 Student Email Address**   |    |
| **9 Contact Telephone** **(Please remember)**  |     |

# Course you wish to apply for

|  |  |
| --- | --- |
|  **10 Course Title**  |  Understanding the creative Media Industry* Video and Film Production
* Directing for Film and Television
* Internet Broadcasting
* Studio Lighting
* Studio Recording
* Broadcast Journalism
* Single Camera Production
* Multiple Camera Production
* Editing

  |
|  **11 Start Month and Year**  **(Please enter year manually)**  |  * September \_20\_\_\_\_\_\_ 22  May \_20\_\_\_\_\_\_

  * January \_20\_\_\_\_\_\_

  |
| **12 Mode of study**  |   **Full Time**  **Part Time**  |
| **13 Please tell us where you heard about this course**  |   |

## Academic Qualifications

**14 Please give details of all your academic qualifications. Continue on a separate sheet if necessary.**

**Qualification Subject Date Obtained Institution and Grade achieved**

 **(Month & Year) Place of Study**

## Career History

**15 Please give details of work experience, training and employment.**

**Job Title Employer Full Time Brief Description of Responsibilities From To**

 **Part Time Month Year Month**

**Year**

## Personal Statement

|  |  |
| --- | --- |
| **16 Personal Statement** **Please summarise your academic interests and reasons for choosing your proposed course of study. We recommend that that you write between 200 and 400 words.**  |               |

## Referees

References should be submitted with your application.

Note: At least one of your referees should be able to comment on your most recent academic performance

|  |  |
| --- | --- |
|  **17 Name of First Referee**  |     |
|   |   |

## Declaration

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I understand that in accepting an offer, I agree to abide by Godinmartins Academy and the Catholic University Institute of Buea Terms and Conditions and University Regulations and Policies published on the University’s website.

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Signature Date