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(For office use only)

## Application Form Diploma in Special Needs Education

**1–8. Personal details** (PLEASE WRITE CLEARLY AND IN BLOCK CAPITALS)

<b>1. Surname/family name</b>	<b>First/given name(s)</b>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Write your names below <b>IN THE ORDER</b> in which you wish them to appear on the educational records and on your final certificate.	
<input style="width: 100%; height: 100%;" type="text"/>	
<b>2. NIC No/ Passport No</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<b>3. Title</b> Mr <input style="width: 20px; height: 20px;" type="checkbox"/> Mrs <input style="width: 20px; height: 20px;" type="checkbox"/> Ms <input style="width: 20px; height: 20px;" type="checkbox"/> Other <input style="width: 40px; height: 20px;" type="text"/>	<b>4. Date of birth</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> day / month / year
<b>5. Gender</b> male <input style="width: 20px; height: 20px;" type="checkbox"/> female <input style="width: 20px; height: 20px;" type="checkbox"/>	
<b>6. Home address</b> (PLEASE WRITE IN BLOCK CAPITALS and Please indicate the overseas address if you are a Sri Lankan living abroad)	
.....	
.....Postal/Zip Code.....	
Country.....Telephone number .....	
<b>7. Current Employment</b> .....	
<b>8. E-mail address</b> .....	

**9. Educational / Professional Qualifications**

Qualification	School/Institution/University	Duration	Year of award
.....	.....	.....	.....
.....	.....	.....	.....

## 10. English Language proficiency

A. Is English your first language/mother tongue? Yes  No

If 'No' which language do you normally speak

– at home.....

– at work.....

– what was your language of secondary education?.....

B. Have you passed an examination in English language (for example GCSE/GCE 'O'level, TOEFL or IELTS)?

No

Yes

If 'yes' please give full details below.

Examination or test	Grade or score	Subject	Date
.....	.....	.....	.....
.....	.....	.....	.....

## 11. Students with a disability and/or special needs

Do you have any condition that may require special examination arrangements to be made (eg. Partial sight, wheelchair user, dyslexia, specific learning difficulties, legally imposed travel restrictions)?

(Please ✓ the appropriate box) No  Yes  If 'Yes', please describe your condition(s)/circumstances

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## 12. How did you get information about the Programme?

  
  
  


Through Web

From a Friend

From the News paper Article

From the News paper Advertisement

Other

(Specify: .....)

### 13. Checklist (Please read the following carefully before posting your application to us.)

This completed application form must be submitted to the Admissions Office, at the address below together with the following:

1. the Registration and Course fee slip
2. **photocopied** evidence of your full name and date of birth (e.g. a birth certificate, marriage certificate, statutory declaration or passport)
3. the evidence of **all** your academic certificate(s) as explained under Documentary evidence within the Application and registration' section of the prospectus
4. Your completed **Document enclosure form**.

**Return all the above to:** Ladies College Institute of Professional Studies, 27th Lane, Off Inner Flower Road, Colombo 3.

### Declaration(s) to be signed by the applicant

- a. I declare that the statements made by me on this form are, to the best of my knowledge and belief, true and correct.
- b. I agree to the Ladies' College-Department of Vocational Studies processing my personal data contained in this form and other personal data that the institute may obtain from me or other people connected with my studies.  
I agree to the retention and disclosure of such data for normal academic and administrative purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please do not fill in anything below this line – for office use only

- Semester 1
- Semester 2
- Semester 3
- Final Exam Fees

STENCIL/S	DATE
REFERRAL DETAILS AND DECISION	

Fee	Rs.	Date received	Method of Payment
Registration			
Semester 1			
Semester 2			
Semester 3			
Final Exam Fees			