



# APPLICATION FOR ADMISSION

## NON-DEGREE STUDIES - SHORT COURSES

### STUDY DETAILS

**Title of Short Course:** (please tick relevant box)

**Start date:** day / month / year

Certificate in Pharmacoepidemiology & Pharmacovigilance

Laboratory Diagnosis of Malaria

Diploma Course in Community Eye Health

Laboratory Diagnosis of Parasites

Diploma in Tropical Medicine & Hygiene

Public Health Planning for Hearing Impairment

Diploma in Tropical Nursing

Planning for Vision 2020

Intensive Course in Vector Biology & Identification

Tropical Ophthalmology

### PERSONAL DETAILS (PLEASE WRITE IN CAPITAL LETTERS)

Surname or family name: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Title: (Dr/Mr/Mrs, etc) \_\_\_\_\_

Male / Female (delete as appropriate)

Date of Birth: day / month / year

Nationality: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of normal residence: \_\_\_\_\_

Address for correspondence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Fax No: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**QUALIFICATION DETAILS**

Please list your main degrees or qualifications, diplomas and certificates held. (Continue on a separate sheet if necessary)

Approximate Dates	Educational Institution	Name of course	Degree or Diploma

**EMPLOYMENT DETAILS**

Please provide details of your most recent employment. (Continue on a separate sheet if necessary)

Employers Name and address	Position Held	Dates of employment
		From: To:
		From: To:

Please describe briefly the work involved. (Continue on a separate sheet if necessary)

Why do you wish to attend this course? (Continue on a separate sheet if necessary)

**LANGUAGES**

If applying for Diploma in Community Eye Health, Diploma in Tropical Medicine & Hygiene, Diploma in Tropical Nursing or Certificate in Pharmacoepidemiology & Pharmacovigilance please enclose your result sheet of TOEFL or IELTS test, if English is not your first language. Further information on your English Proficiency may be requested.

First Language(s)	English Language Test(s) taken or to be taken			Other Languages
	Name of Test	Score/Grade	Date of Test	

**If applying for Diploma in Tropical Nursing, please complete the following:**

Applicants for the Diploma in Tropical Nursing must be a registered nurse either in the UK or elsewhere. Please provide your Registration Numbers (if applicable) below. Applicants without Registration numbers must provide a certified copy of their qualifications with this application.

NMC / UKCC Number:

**COMPUTING EXPERIENCE**

Please provide details of any Computing experience you have. (Continue on a separate sheet if necessary)

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**If applying for Diploma in Tropical Medicine & Hygiene, please complete the following:**

Applicants for Diploma in Hygiene & Tropical Medicine must be a doctor holding a medical qualification from a recognised school in any country, and who are registered for medical practice in that country. Please provide your registration details (if applicable) below. Applicants without registration details should enclose a completed statement of qualification, or a certified copy of their qualifications with this application.

GMC:

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**If applying for Laboratory Diagnosis of Malaria or Laboratory Diagnosis of Parasites, please provide your IBMS Registration number (if applicable).**

IBMS:

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**If applying for Diploma Course in Community Eye Health, please enclose a copy of your current Curriculum Vitae and an original transcript. Applicants should note that it is recommended that they hold a minimum standard of GCSE mathematics, or equivalent.**

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**If applying for Certificate in Pharmacoepidemiology & Pharmacovigilance, please enclose a copy of your current Curriculum Vitae.**

**SPONSORSHIP** (Please tick appropriate box)

**Self Financing**

**Sponsored** – if being sponsored for the course, please send a letter of agreement from your sponsor as soon as possible.

**DISABILITIES**

If you have any medical condition, physical or other disability of which the School should be aware or which might call for special arrangements or facilities, you should attach a confidential letter.

**How and where did you most recently hear about the School and the course to which you have applied?**

- |  |  |
|--|--|
| <input type="checkbox"/> Advertisement in .....                  | <input type="checkbox"/> Friend or Colleague |
| <input type="checkbox"/> Conference or Fair in.....              | <input type="checkbox"/> Employer            |
| <input type="checkbox"/> From an ex-student of the London School | <input type="checkbox"/> Internet            |
| <input type="checkbox"/> Other – please give details .....       |  |

**ENCLOSURES CHECKLIST (please ensure you enclose all relevant documents with your application)**

**Applicants to Short Courses: Diploma in Tropical Nursing.**

- Original or certified copy of your Nursing registration or your NMC/UKCC number
- Your result sheet of TOEFL or IELTS, if English is not your first language

**Applicants to Short Course: Diploma in Tropical Medicine & Hygiene.**

- Original or certified copy of your medical qualifications
- Original or certified copy of your medical license / registration, *or* your GMC number
- Your result sheet of TOEFL or IELTS, if English is not your first language

**Applicants to Short Course: Laboratory Diagnosis of Malaria or Laboratory Diagnosis of Parasites**

- IBMS Registration Number (if applicable).

**Applicants to Short Course: Diploma Course in Community Eye Health and Certificate in Pharmacoepidemiology & Pharmacovigilance**

- CV
- Original or certified copy of your qualifications
- Your result sheet of TOEFL or IELTS, if English is not your first language.

**Course Fees:**

Please **do not** send payment with your application. If you do so, it may be cashed immediately. If the course fee is to be paid on the candidate's behalf, please send a letter from the sponsors to confirm this as soon as possible. Otherwise the applicant will be held responsible for payment. Fees are payable in advance by the date specified in the course leaflet and attendance on a course may not begin until fees are fully paid. Cancellation of attendance on a course may lead to loss of all or part of the fee.

**Declaration and signature of candidate seeking admission:**

I declare that the information given on this application form is correct. I have read and understood the arrangements for payment of tuition fees to which arrangements I will adhere. I understand that School may cancel courses two weeks before the first day of the course if numbers prove insufficient and in those circumstances course fees will be refunded.

Signature \_\_\_\_\_ Date:        day / month / year

*Please return the completed form to:*

Registry, LSHTM, Keppel Street, London, WC1E 7HT, UK

Tel: +44 (0)20 7299 4648

Fax: +44 (0)207 299 4656

e-mail: [shortcourses@lshtm.ac.uk](mailto:shortcourses@lshtm.ac.uk)