

ICC Application Form



(Please fill electronically or with block capitals)

Research Course Applied For

Choice of Course		Starting Date of Course	Y M
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Proposed Research Topic

Research Topic	
Research Synopsis:	

Personal Details

Family Name						Forenames					
Date of Birth	DD	MM	YY	Age		Title	Mr.	Ms.	Other		Male / Female
Nationality						Country of permanent residence					
Permanent Home Address						Correspondance address (if different)					
Telephone Number						Telephone Number					
Fax Number						Mobile Number					
Email						Email					

Educational Background

Please add details or your educational background. State the schools you have attended and Qualifications you have achieved. Please attach a certified copy of your academic transcripts/certificates with and official translation, with this application.

Period of Study (from-to)	Name of School/ Institution	Qualification and Course title	Grade achieved (or predicted grade)

Details of Relevant Employment

Please provide details of any relevant employment

Period of employment (from-to)	Name of Employer/ Institution	Position held/Job title and responsibilities

English Language Proficiency

If English is your your first language, please detail any qualifications you hold, the dates of any examinations and the grades achieved. You should also provide a certified copy of your English Language Certificate. (IELTS, TOEFL etc.)

Dates	Qualification	Grade achieved
Further details		

Portfolio/ Additional Work Submission

Please describe below any additional items you are submitting, links and zip files preferably, giving details of any special instructions required to view the work. We treat all work submitted with the greatest care and respect, however, the Insitutue cannot accept any responsibility for loss or damage of any of the work you submit. Please be sure to keep your own copy.

List of works

Personal Statement

Your personal statement should explain the reasons why you are a suitable candidate for the course, what you hope to achieve during your research period and how this relates to your career aspirations. Give details of your subjects of interests, relevant experiences and abilities.

If you need more space please attach additional pages with this application.

Disability , Learning Difficulty

If you answer yes, please tick the relevant box to indicate the type of disability. You will not be disadvantaged by ticking any box.

Do you regard yourself as disabled ?	Yes/ No	Do you have learning difficulty?	Yes/ No
<input type="checkbox"/> Dyslexia		<input type="checkbox"/> Morderate Learning dificulty	
<input type="checkbox"/> Blind/Partially Sighted		<input type="checkbox"/> Severe learning difficulty	
<input type="checkbox"/> Deaf/Hearing Impairment		<input type="checkbox"/> Dyslexia	
<input type="checkbox"/> Wheelchair User/Mobility Difficulties		<input type="checkbox"/> Dyscalculia	
<input type="checkbox"/> Personal Care Surpport		<input type="checkbox"/> Multiple learning difficulties	
<input type="checkbox"/> Mental Health Difficulties		<input type="checkbox"/> Specific leaning difficulty	
<input type="checkbox"/> Unseen Disablility e.g.Diabetes,Epolepsy,Asthma		<input type="checkbox"/> Other (Please specify)	
<input type="checkbox"/> Multiple Disablilities			
<input type="checkbox"/> Autistic Spectrum Disorder e.g. Aspergers Syndrome			
<input type="checkbox"/> Other(Please specify)			

Applicant Checklist

All sections have been completed

A certified copy of your academic transcripts/certificate is enclosed

Portfolio enclosed (if necessary)

IELTS/TOEFL language certificate enclosed (if necessary)

Supporting statement enclosed

- ☐
- ☐
- ☐
- ☐
- ☐

Please return all the files in a zip file to
applications@iccworld.org
(documents can be colour-scanned)

Declaration

I declare that the information on this form is accurate and I agree to abide by the rules and requirements of the institute. I hearby give my permission for the Institute of Creative Communications (HK) to disclose any enrolement or offer information as a result of this application to relevant government agencies upon their request.

Signature of applicant _____

Date _____