



APPLICATION FORM

DATABASE ONLINE TRAINING SQL

Return this form to arrive by 03 November 2008 to

**eLearning Module Co-ordinator (DOTS)
School of Computing
Queen Mother Building
University of Dundee
Dundee DD1 4HN**

Autumn 2008

Personal details

Status: TEACHER / SCHOOL PUPIL / COLLEGE STUDENT / OTHER:

School or College (if applicable):.....

Title:

Surname:

Forenames:.....

Permanent Address

.....

.....

Postcode:.....

Tel. No(s):.....

E-mail address:.....

Address (for correspondence, if different from above)

.....

.....

Postcode:.....

Have you a disability?: Yes / No
(if yes, please tick appropriate category below)

Dyslexia	Blind/partially sighted	Deaf/hearing impairment
Wheelchair user	Personal care support needed	Mental health difficulties
Unseen disability	Multiple disabilities	Other disability not listed

Further Details

If you have applied for/intend to apply to degree course(s) at the University of Dundee, please give details below:

Degree Title..... UCAS Code

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Data Protection

The information you have provided will be treated as confidential and used only for the purposes for which it has been collected. These include disclosure to government and funding agencies, general administrative and academic purposes and the monitoring and analysis of statistical data. This information will be processed in accordance with the Data Protection Act 1998.

I confirm that the statements that I have made on this application are correct.

Date Signature