

BISON MANAGEMENT UK

3 Penta Court, Station Road, Borehamwood, Herts, WD6 1SL, U.K.

www.recruitnurse.com

Tel 0870 041 4655

Fax 0870 4292701

2007

Dear Student,

As requested, please find attached a request form should you decide to apply for student visa to the UK.

It might be worth you obtaining a copy of the book we wrote on 'How 2 Come to the UK' which is available from our website or WHSmith or through good bookstores including:

- All UK bookstores and Books etc, 66 Victoria Street, London SW1E 6SQ.
Tel: 020 7931 0677
- Fully Booked Bookstore, Rockwell Power Plant Mall, Makati City, Philippines. Tel: 02 756 5001 (also available at all their branches)
- National Bookstore, Glorieta, Makati and Mall of Asia, Philippines
- Powerbooks, Greenbelt, Makati, Philippines
- Or through webshops, 'www.how2cometotheuk.com' or 'amazon.co.uk'

The book is a good guide for people thinking of coming to the UK to legally live, work, study or visit.

We look forward to hearing from you.

Kind regards.

Yours sincerely,

Student Admin Department

PS. DO YOU NEED HELP WITH STUDENT VISA TO THE UK? IF SO, PLEASE COMPLETE THE ATTACHED FORM.

Want to find out how to come to the UK?

Read our new book How 2 Come to the UK to Live Work or Study – www.how2cometotheuk.com

Charles Kelly
Student Admin Department
Bison Management UK
3 Penta Court, Station Road,
Borehamwood, Herts WD6 1SL United Kingdom

Date _____

Dear Sir or Madam,

Please help me apply for student visa.

I enclose herewith:

- Completed Assessment Form
- Copy of my passport
- Copy of my Diploma and training certificates
- Copy of my Transcripts

Thank you for your assistance.

Yours sincerely,

Student's Name

Student's Signature

Address _____

Student's Tel Number _____ Email Address: _____

Student's Address _____

UK Address (if any) _____

Assessment Form

PLEASE RETURN THIS FORM BY FAX (0870 429 2701) OR EMAIL (info@recruitnurse.com)

ONLY POST IF ABSOLUTELY NECESSARY

(Please PRINT in BLACK INK or TYPE using CAPITAL LETTERS)

BISON MANAGEMENT UK Fast Track Work Permit & Visa Specialists

Assessment Department
Bison Management UK
3 Penta Court, Station Road,
Borehamwood, Herts WD6 1SL, United Kingdom
Telephone: 0870 041 4655 Fax: 0870 429 2701
Email: info@recruitnurse.com
Website: www.recruitnurse.com

Please attach 4
recent passport
photographs here
& write your
name at the back
of each photo

YOUR PERSONAL DETAILS

Applying For Work Permit Student Dependant Domestic

01.	Surname/family name	<input type="text"/>		
02.	Surname/family name at birth (if different)	<input type="text"/>		
03.	First names	<input type="text"/>		
04.	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
05.	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
		day	month	year
06.	Nationality	<input type="text"/>		
07.	Passport number (if known)	<input type="text"/>		
08.	Government issuing the passport	<input type="text"/>		
09a	Are you currently in the UK?	<input type="checkbox"/> Yes; please give address in 9c below	<input type="checkbox"/> No; go to question 9b	
09b	Are you currently in the Republic of Ireland?	<input type="checkbox"/> Yes; please give address in 9c below	<input type="checkbox"/> No; go to question 10	
09c	Address in UK or Ireland	<input type="text"/>		
10.	If you are not in the UK and you will be seeking entry clearance from a British Diplomatic post overseas, which post will you apply to?	<input type="text"/>		
11a	Have you previously held a UK work permit?	<input type="checkbox"/> No; go to question 11c below	<input type="checkbox"/> Yes; please give details in 11b below	
11b	Worker or work permit reference number (if known)	<input type="text"/>		
11c	What is your current immigration status in the UK	Visitor <input type="checkbox"/>	Dependant <input type="checkbox"/>	Work Permit Holder <input type="checkbox"/>
			Other Status? <input type="checkbox"/>	<input type="text"/>

11d When does your leave expire?

day month year

12. Have you received a prison sentence in the UK or elsewhere?

No

Yes; please give details on separate sheet.

Qualifications and experience

13. Please give details of your higher education, vocational or professional qualifications and memberships (most recent first).

Qualifications & Dates Awarded. E.g 'BSC 1995'	Subject E.g. 'Nursing', 'Physical Therapy'	Awarding Institution Name of Institution and City, Area & Country

Professional memberships:

14. If there is a legal requirement for you to be registered with a professional or other official organisation in the United Kingdom, please give the registration details below. (Senior Carer Candidates need not complete this section)

Name of organisation

Status, grade or title

NMC Registration number (if applicable)

15. Please give relevant details of your employment covering at least the last ten years (current or most recent first, continue on a separate sheet if necessary).

From Month and Year	To Month and Year	Name & address of Employer Name, City, Area & Country	Type of business E.g. Hospital/Clinic	Job title E.g. 'Nurse'

16 Please give a short history of your relevant work experience

OTHER PERSONAL INFORMATION

Title	Mr/ Mrs / Miss / Ms		
Marital Status	Married / Single / Divorced		
If married, Name of Spouse			
Number of Children / Dependents			
Home Address			
Home Telephone Number			
Current Address			
Current Address Telephone Number			
Mobile Telephone Number			
Email Address			
Current Work Telephone Number			
Date Current Work Contract Expires and/or Notice Period Required			
Height & Weight	H	W	Uniform Size:
Languages Spoken			
Do you have or have you ever suffered from a serious illness?			
Do you have a current Driving License?			
Next of Kin (to be notified in case of emergency)			
Next of Kin Address			
For our information, how did you find out about Bison Management UK?			

REFERRALS

Do you have any friends, relatives or colleagues who would be interested in our services, whether they are in the UK or not? Please note below their names, addresses, telephone numbers and your relationship to them.			
Name	Address / Telephone Number(s)	Relationship	Occupation

**TO ENABLE US TO ASSESS YOUR DOCUMENTS EFFICIENTLY,
PLEASE FAX THIS ASSESSMENT FORM TO: 0870 429 2701**

(Tick box to indicate which documents you have sent. Please note that the better the quality of the information you provide, the more effectively we will be able to assess your case).

Assessment Form (pages 1-3)	<input type="checkbox"/>	Marriage Certificate	<input type="checkbox"/>
Curriculum Vitae	<input type="checkbox"/>	Nursing License Number from country of origin (if applicable)	<input type="checkbox"/>
Diploma/Degree/Other Qualifications	<input type="checkbox"/>	NMC Decision Letter (for adaptation nurses only)	<input type="checkbox"/>
Board Exam Certificate	<input type="checkbox"/>	NMC / UKCC PIN number (for nurses only)	<input type="checkbox"/>
Transcripts	<input type="checkbox"/>	Passport, including Visa Status	<input type="checkbox"/>
Detailed Employment References	<input type="checkbox"/>	4 Passport Size Photos (with name & signature on the back of each photo)	<input type="checkbox"/>
IELTS (International English Language Test Certificate)	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>		<input type="checkbox"/>

We look forward to receiving your documents.