





## WORK EXPERIENCE

Please indicate the post you have held, starting with your present post, and the nature of the experience acquired which you consider may be appropriate in assessing the merits of your application for this course.

Dates:	<i>From:</i> _____	<i>To:</i> _____
Title: _____		
Title of other positions held by you in the organisation _____		
Name and full address of employer _____		
Learning/achievement _____		
_____		
_____		

Dates:	<i>From</i> _____	<i>To</i> _____
Title _____		
Title of other positions held by you in the organisation _____		
Name of full address of employer _____		
Learning/achievement _____		
_____		
_____		

Dates:	<i>From</i> _____	<i>To</i> _____
Title _____		
Title of other positions held by you in the organisation _____		
Name of full address of employer _____		
Learning/achievement _____		
_____		
_____		

## PART IV-OTHER INFORMATION

How did you become aware of the course for which you are applying?		
<input type="checkbox"/> DIT Open Day	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Graduate Fair (specify) _____
<input type="checkbox"/> Website	<input type="checkbox"/> Prospectus	<input type="checkbox"/> Other (specify) _____
_____		

**PART IV-OTHER INFORMATION CONTINUED**

**Overseas Applicants:**

Overseas applicants whose native language is not English must provide evidence of English proficiency, for example, the following qualifications will fulfil the Institute's minimum requirements :

<b>Qualifications:</b>	<b>Minimum Level Required:</b>	<b>Please Tick Box</b>
TOEFL Paper-based test	550	<input type="checkbox"/>
TOEFL Computer-based test	213	<input type="checkbox"/>
IELTS	6.0	<input type="checkbox"/>
GCE O Level English Language	Grade C	<input type="checkbox"/>
GCSE English	Grade C	<input type="checkbox"/>
Cambridge Certificate of Proficiency in English	Grade C	<input type="checkbox"/>
Cambridge Certificate in Advanced English	Grade A	<input type="checkbox"/>
NEAB* test in English Language Test	Pass	<input type="checkbox"/>
Other (Please specify)		

*\*(Northern Examinations & Assessment Board – Formerly JMB)*

NAMES OF TWO REFEREES (AT LEAST ONE OF WHICH MUST BE AN ACADEMIC REFEREE) WHO MAY BE CONTACTED BY DIT IN SUPPORT OF YOUR APPLICATION.

Name	Institution
Address	
	Position
Telephone	Fax
E-Mail Address	Mobile Number

Name	Institution
Address	
	Position
Telephone	Fax
E-Mail Address	Mobile Number

I confirm that the particulars given in this application are in all respects true.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_