



University  
of  
St Andrews

**UNIVERSITY OF ST ANDREWS  
SCHOOL OF BIOLOGY**

**Application for Undergraduate Distance-Learning Certificate in  
Sustainable Aquaculture**

This application form should be completed and e-mailed to Katrina Gatherun at [kg@st-andrews.ac.uk](mailto:kg@st-andrews.ac.uk)

Also please print, sign and return the form by post to:

**Katrina Gatherun, University of St Andrews, Scottish Oceans Institute, St Andrews,  
Fife, KY16 8LB UK**

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**A. Personal Details**

Title (e.g. Dr, Mr, Ms): ..... Surname:.....

Forename(s): ..... Gender (M/F):.....

Date of Birth: ..... Nationality: .....

Home Address:.....

.....

Postcode: .....

Telephone number include all dialing codes: .....

Mobile telephone number include all dialing codes:.....

Email address: .....

*(Course information and internet password for access to course databases will be sent to this email address).*

Job Title and Workplace Address:.....  
.....

Postcode: ..... Telephone: ..... Fax: .....

Email address: .....

**B. Qualifications: degrees, diplomas or other equivalent qualifications held or pending**

1. Degree/Professional qualification: .....

Class/Grade/Grade Point Average: .....

Awarded by: ..... Date awarded:.....

2. Degree/Professional qualification: .....

Class/Grade/Grade Point Average: .....

Awarded by: ..... Date awarded:.....

If English is not your first language please indicate below by completing the relevant result for your level of competence in English (N.B. Evidence of attainment MUST be submitted with this application.)

TOEFL Score:

IELTS Score:

Other (specify):

(Please send photocopy of relevant certificates with your application form, as proof of existing qualifications. Please DO NOT send original certificates).

**C. References. Please give the name and addresses of the TWO academic referees to whom you have sent Report Forms and requested a reference..**

**Referee 1**

Name:.....

Address:.....  
.....

Postcode: ..... e-mail address:.....

## Referee 2

Name:.....

Address:.....

.....

Postcode: ..... e-mail address:.....

Please note it is your responsibility to ensure that your referees supply a reference by returning the Report form. Ask them to return references to you in a sealed envelope and signed across the seal and send them with this application form or ask your referees to return the reference directly to the address on the Referee Report Form. . We cannot make a final decision on your application until we have received your references.

## D. Financial Support

How do you propose to finance fees for the course of study?

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NB. Successful candidates are REQUIRED no later than registration to produce WRITTEN evidence of the source of financial support.

## E. Declaration

I have read all of the guidance notes related to this course. The information given above is accurate to the best of my knowledge and no material information has been omitted. I agree to abide by the University's rules and regulations if accepted onto the course.

Signed:.....

Date.....

## E. Ethnicity/ Disability information

The information below is required for statistical returns used by Government as a source of information when determining higher education policy. Ethnicity and disability information will remain confidential. Please check the details and if necessary enter or amend using the appropriate code from the Ethnicity/Disability listing below.

**Ethnicity** Enter code only

- 10 White
- 21 Black or Black British - Caribbean
- 22 Black or Black British - African
- 29 Black - Other Background
- 31 Asian or Asian British - Indian
- 32 Asian or Asian British - Pakistani
- 33 Asian or Asian British - Bangladeshi
- 34 Asian or Asian British - Chinese
- 39 Asian – Other Background
- 49 Other Mixed
- 80 Other Ethnic Background
- 90 Not Known
- 98 Information Withheld

**Disability** Enter code only

- 0 No disability
- 1 Dyslexia
- 2 Blind/Partially Sighted
- 3 Deaf/Hearing Impairment
- 4 Wheelchair/Mobility difficulties
- 5 Personal Care Support
- 6 Mental Health Difficulties
- 7 Unseen Disability (e.g. diabetes, asthma)
- 8 Multiple Disabilities
- 9 A Disability not listed above
- T Autistic Spectrum Disorder (eg Asperger's)
- W Information Withheld

Please tick if you are in receipt of Disability Allowance ☐

In accordance with the University's code of practice on confidentiality, your contact details will only be made available on a need to know basis. This does not automatically include routine disclosure to other students.

Do you wish your address(es) to be made available? If so, please tick this box. ☐