



APPLICATION FORM

THE UNIVERSITY OF OXFORD
DIPLOMA IN FINANCIAL STRATEGY

PERSONAL INFORMATION

SURNAME	
FIRST NAME	
KNOWN NAME	
DATE OF BIRTH (DD/MM/YY)	MALE/FEMALE
COUNTRY OF BIRTH	NATIONALITY
OTHER CITIZENSHIP	NUMBER OF YEARS WORK EXPERIENCE
MAILING ADDRESS FOR ALL CORRESPONDENCE	
PERMANENT HOME ADDRESS	
PHONE NUMBER – DAY	PHONE NUMBER – HOME
EMAIL	JOB TITLE
NAME OF ORGANISATION	
TITLE OF DIRECT REPORT (IE WHO YOU REPORT TO)	

RELEVANT QUALIFICATIONS

ACADEMIC BACKGROUND
PLEASE GIVE DETAILS OF ANY ACADEMIC QUALIFICATIONS (EG DEGREES)

FROM (MM/YY)	TO (MM/YY)	INSTITUTION ATTENDED AND COUNTRY	FULL OR PART TIME	QUALIFICATION AWARDED	SUBJECT	RESULT (CLASS/GPA RANK ETC)

PLEASE INDICATE ANY SCHOLARSHIPS, PRIZES OR HONOURS AWARDED OR OTHER ACADEMIC QUALIFICATIONS NOT MENTIONED ABOVE

PROFESSIONAL QUALIFICATIONS
PLEASE GIVE DETAILS OF ANY PROFESSIONAL QUALIFICATIONS (EG CHARTERED MEMBERSHIP)

FROM (MM/YY)	TO (MM/YY)	PROFESSIONAL FIRM OR EDUCATIONAL INSTITUTION ATTENDED	FULL OR PART TIME	QUALIFICATION AND SUBJECT	RESULT ATTAINED (MM/YY)	RESULT (CLASS/GPA)

EMPLOYMENT AND WORK EXPERIENCE

PLEASE LIST YOUR RELEVANT WORK EXPERIENCE, INCLUDING ANY SIGNIFICANT PROMOTIONS.

CURRENT EMPLOYER	
NAME OF ORGANISATION	
FROM (MM/YY)	CURRENT POSITION
ADDRESS	
NUMBER OF EMPLOYEES	ANNUAL TURNOVER (IF KNOWN)
TITLE OF DIRECT REPORT (IE WHO YOU REPORT TO)	
KEY RESPONSIBILITIES	
ACHIEVEMENTS	
REASON FOR TAKING POSITION	

MAIN RESPONSIBILITIES

PLEASE PROVIDE A DESCRIPTION OF YOUR JOB TO INCLUDE THE NATURE OF WORK UNDERTAKEN, SIZE OF BUDGET AND NUMBER OF EMPLOYEES UNDER YOUR SUPERVISION.

EMPLOYMENT AND WORK EXPERIENCE

PLEASE LIST YOUR RELEVANT WORK EXPERIENCE, INCLUDING ANY SIGNIFICANT PROMOTIONS.

PREVIOUS EMPLOYER	
NAME OF ORGANISATION	
FROM (MM/YY)	TO (MM/YY)
ADDRESS	
NUMBER OF EMPLOYEES	ANNUAL TURNOVER (IF KNOWN)
POSITION	TITLE OF DIRECT REPORT (IE WHO YOU REPORT TO)
KEY RESPONSIBILITIES	
ACHIEVEMENTS	
REASON FOR LEAVING POSITION	

MAIN RESPONSIBILITIES

PLEASE PROVIDE A DESCRIPTION OF YOUR JOB TO INCLUDE THE NATURE OF WORK UNDERTAKEN, SIZE OF BUDGET AND NUMBER OF EMPLOYEES UNDER YOUR SUPERVISION.

REFERENCES

TWO REFERENCES ARE REQUIRED IN YOUR APPLICATION FOR THE DIPLOMA IN FINANCIAL STRATEGY. REFERENCE FORMS ARE AVAILABLE TO DOWNLOAD FROM OUR WEBSITE: WWW.SBS.OXFORD.EDU/DIPLOMA. WHEN COMPLETE, THESE REFERENCE FORMS SHOULD BE RETURNED DIRECTLY TO THE SAID BUSINESS SCHOOL TO COMPLETE YOUR APPLICATION. FOR OUR RECORDS, PLEASE LIST THE CONTACT DETAILS OF YOUR TWO REFEREES.

REFEREE 1

NAME

POSITION

NAME OF ORGANISATION

FULL POSTAL ADDRESS

TELEPHONE

FAX

EMAIL

REFEREE 2

NAME

POSITION

NAME OF ORGANISATION

FULL POSTAL ADDRESS

TELEPHONE

FAX

EMAIL

COMMUNITY AND ADDITIONAL APPOINTMENTS

PLEASE LIST BELOW ANY ADDITIONAL APPOINTMENTS YOU CURRENTLY HOLD.
FOR EXAMPLE, IF YOU SIT ON THE BOARD OF ANY OTHER ORGANISATIONS, CHARITIES OR INSTITUTIONS

FINANCE

HOW DO YOU INTEND TO PAY FOR YOUR STUDY?

<input type="checkbox"/> FULLY SPONSORED BY EMPLOYER	<input type="checkbox"/> PARTIALLY SPONSORED BY EMPLOYER – STATE % <input type="text"/>
<input type="checkbox"/> SELF FINANCED FROM OWN RESOURCES	<input type="checkbox"/> SELF FINANCED BY A LOAN

PERSONAL STATEMENT

AT THE END OF YOUR DIPLOMA, YOU WILL BE EXPECTED TO COMPLETE A 10,000 WORD PROJECT REPORT. FOR THESE PURPOSES, WE WOULD LIKE YOU TO THINK ABOUT SPECIFIC CURRENT OR EMERGENT STRATEGIC, FINANCIAL OR ORGANISATIONAL ISSUES THAT YOU THINK THE DIPLOMA WILL ADDRESS, AND OUTLINE THIS AS A 500 WORD STATEMENT FOR SUBMISSION WITH YOUR APPLICATION.

DISABILITY

IF YOU HAVE ANY DISABILITY OR ILLNESS THAT WE SHOULD BE AWARE OF, PLEASE GIVE DETAILS.

DECLARATION

I APPLY FOR ADMISSION TO THE DIPLOMA IN FINANCIAL STRATEGY AT THE SAID BUSINESS SCHOOL. IF I AM OFFERED AND ACCEPT A PLACE ON THE PROGRAMME, I UNDERTAKE TO ABIDE BY THE RULES AND REGULATIONS OF THE SCHOOL AND THE UNIVERSITY OF OXFORD. I CONFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS CORRECT.

I CONFIRM THAT I AM PROFICIENT IN BOTH SPOKEN AND WRITTEN ENGLISH
(FOR APPLICANTS WHOSE FIRST LANGUAGE IS NOT ENGLISH)

YES

SIGNATURE

DATE

PLEASE RETURN THE COMPLETED APPLICATION TO: KATHY HARVEY, SAID BUSINESS SCHOOL, UNIVERSITY OF OXFORD, EXECUTIVE EDUCATION CENTRE, EGROVE PARK, OXFORD OX1 5NY, UK. TEL: +44 (0)1865 422574 FAX: +44 (0)1865 422501 EMAIL: DIPLOMA-ENQUIRIES@SBS.OX.AC.UK

UK DATA PROTECTION ACT 1998. BY RETURNING THIS FORM YOU CONSENT TO SAID BUSINESS SCHOOL STORING AND PROCESSING THE PERSONAL DATA YOU HAVE PROVIDED. WE WILL USE THIS INFORMATION TO PROVIDE AND KEEP YOU UPDATED ABOUT THE PRODUCTS AND SERVICES REQUESTED, FOR ADMINISTRATION AND FOR SALES ANALYSIS. WE DO NOT PASS YOUR DETAILS TO THIRD PARTIES TO USE, EXCEPT WHERE YOU HAVE GIVEN SUCH EXPRESS PERMISSION. IF YOU DO NOT WISH TO HAVE YOUR DATA STORED TO RECEIVE FURTHER COMMUNICATIONS FROM US, PLEASE TICK THIS BOX.

WWW.SBS.OXFORD.EDU

