



# APPLICATION FORM 2016 ENTRY

## SECTION A – PERSONAL DETAILS (Please complete all sections)

A1 Student Information										
<b>Student Number (OFFICE USE ONLY)</b>	<b>B</b>	1	2	3	4	5	6	7	<b>QTS Status</b>	<i>Have QTS year obtained/Not Applicable</i>
<b>Title</b> ( <i>Mr/Miss/Mrs/Dr. etc.</i> )									<b>Programme of study</b> Master of Arts in Education (180 credits)/Postgraduate Certificate of Professional Development (60 credits)	
<b>Surname/Family Name</b>									<b>Programme start date</b>	
<b>Forename Name(s)</b>									<b>Mode of Study</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
<b>Date of Birth</b>	DD/MM/YYYY	<b>Student Fee Status*</b>		<input type="checkbox"/> Home <input type="checkbox"/> European Union <input type="checkbox"/> Channel Islands & IoM <input type="checkbox"/> Overseas						
<b>Sex</b>	<input type="checkbox"/> Male (1) <input type="checkbox"/> Female (2) <input type="checkbox"/> Other (3)									

A2 Permanent Address (At Application)			A3 Emergency Contact Details		
			<b>Name</b>		
			<b>Relationship to you</b>		
<b>Contact number primary</b>			<b>Contact number primary</b>		
Personal Email:			<b>Contact number secondary</b>		
Contact Numbers: T:		M:			

## SECTION B – BIOGRAPHICAL DETAILS

B1 Prior HE Experience	B2 Country of Domicile	B3 Nationality	B4 Parental Education
Have you had prior Higher Education experience in the UK lasting 6 months or more? (Please tick appropriate box) <input type="checkbox"/> Yes (A) <input type="checkbox"/> No (B)	Please check/state the country of your permanent home/address prior to entry on this course (if blank please complete) <input type="checkbox"/> England (XF) <input type="checkbox"/> N. Ireland (XG) <input type="checkbox"/> Scotland (XH) <input type="checkbox"/> Wales (XI) <input type="checkbox"/> Other If other please specify: -----	<input type="checkbox"/> UK (GB) <input type="checkbox"/> Other If other please specify: -----	Do any of your parents (natural, adoptive or step) have higher education qualifications (degree, CertHE, DipHE), Please tick the appropriate box. <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't Know (8) <input type="checkbox"/> Information refused (9)
B5 Care Leaver	B6 Ethnic Origin (tick box)	B7 Disability (tick box)	
Have you been looked after by a Local Authority for at least 13 weeks since the age of 14? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White (10) <input type="checkbox"/> Gypsy or Traveller (15) <input type="checkbox"/> Black or Black British - Caribbean (21) <input type="checkbox"/> Black or Black British - African (22) <input type="checkbox"/> Other Black Background (29) <input type="checkbox"/> Asian or Asian British - Indian (31) <input type="checkbox"/> Asian or Asian British - Pakistani (32) <input type="checkbox"/> Asian or Asian British - Bangladeshi (33) <input type="checkbox"/> Other Asian Background (39) <input type="checkbox"/> Chinese (34) <input type="checkbox"/> Mixed - White & Black Caribbean (41) <input type="checkbox"/> Mixed - White & Black African (42) <input type="checkbox"/> Mixed - White & Asian (43) <input type="checkbox"/> Other Mixed Background (49) <input type="checkbox"/> Arab (50) <input type="checkbox"/> Other Ethnic Background (80) <input type="checkbox"/> Information refused (98)	<input type="checkbox"/> No known disability (00) <input type="checkbox"/> Multiple Disabilities (08) <input type="checkbox"/> A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D (51) <input type="checkbox"/> A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder (53) <input type="checkbox"/> A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy (54) <input type="checkbox"/> A mental health condition, such as depression, schizophrenia or anxiety disorder (55) <input type="checkbox"/> A physical impairment or mobility issues such as difficulty using arms or using a wheelchair or crutches (56) <input type="checkbox"/> Deaf or a serious hearing impairment (57) <input type="checkbox"/> Blind or a serious visual impairment uncorrected by glasses (58) <input type="checkbox"/> A disability not listed above (96) <hr/> <input type="checkbox"/> <b>Are in receipt of Disabled Students Allowance (DSA)? (4)</b>	
B8 Religion			
<input type="checkbox"/> No religion (01) <input type="checkbox"/> Buddhist (02) <input type="checkbox"/> Christian (03) <input type="checkbox"/> Hindu (10) <input type="checkbox"/> Jewish (11) <input type="checkbox"/> Muslim (12) <input type="checkbox"/> Sikh (13) <input type="checkbox"/> Spiritual (14) <input type="checkbox"/> Any other religion or belief (80) <input type="checkbox"/> Information refused (98)			



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## SECTION C – PART-TIME ONLY [TO BE COMPLETED AT THE POINT OF ENROLMENT]

C1 – Module Enrolment (Please list all modules to be taken this academic year)			
Module Code	Module Title	Credit Value	Fee (£)
<b>Total Credit Value and Gross Fee</b>			

C2 – Payment Variation (if applicable)			
Variation route	Details	Amount	Balance
Sponsor details (if different from SLC/NCLT)			
Fee variation details (if applicable)			
<b>Total Fee Due*</b>			

## SECTION D – QUALIFICATION(S) ON ENTRY

D1 – Last Institution Attended	
Name of College/University	

D2 Highest qualification on entry						
Level of highest qualification on entry (e.g. A levels, first degree, PGCE)						
Institution (if different from D1 above)				Year left		
If highest qualification is A'Levels or equivalent, please skip the rest of this section and list them in section D3 below						
Title of Award (e.g. BA Honours Degree, PGCE, etc.)						
Subject(s) of Award						
Classification		From	MM/YYYY	To	MM/YYYY	
Do you already have Qualified Teacher Status?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

D2c – Teaching Experience (if applicable)	
Number of years teaching experience	

D3 – Qualification Details (please list all qualifications achieved to-date use a continuation sheet if necessary)				
Type	Grade	Awarding Body	Subject	Year

D4 – English Language Competency			
Is English your first language?			
If English is <u>not</u> your first language please state IELTS/TOEFL score(s)	Reading		Listening
	Writing		Speaking



## Career History

## Supporting Statement

Please show how your previous academic studies, experience, knowledge, skills, interests and personal attributes will equip you to join the programme:



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**Referees:**

Open Reference – Please explain why, in your professional judgement, this candidate has the potential to study and succeed.

<b>Open Referee</b>	<b>Second Referee</b>
Name:	Name
Address:	Address:
Telephone Number:	Telephone Number:
Email:	Email:

I declare that the information I have provided about my qualifications and experience in this application is true.

**Applicant Signature**

	DD/MM/YY
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Applications should be sent to:  
Admissions  
Bishop Grosseteste University  
Lincoln  
LN1 3DY