

Application Form

Postgraduate Certificate

SECTION A: All questions must be completed

A(1) Personal details

Name (this should be your legal name)	Name (previous) <i>If you used a different name during previous study, please include it here.</i>
Last (family)	Last (family)
First	First
Middle names	Middle names
Title (Mr/Mrs/Miss/Dr etc)	Title (Mr/Mrs/Miss/Dr etc)

Date of Birth	Nationality and residence	
DD MM YYYY	Country of permanent residence	Do you require a visa to study in the UK?
	Country of birth	Yes No
Sex	Nationality	Current UK visa status, if applicable:
Male Female	Any second nationality	

If you have a CRS ID (student identifier made up of your initials and several numbers, e.g. jb101, please enter it here:

A(2) Contact Information

	Mailing Address	Home (permanent) Address (if different)
Number/street		
Town or city		
County/province/state		
Postal code		
Country		
Telephone		
	This address is valid until:	I have lived at this address since:
Email Address	<i>Please write very clearly, we will use email to communicate with you during the application process.</i>	

A(3) Programme of Study

Details of your programme of study. Consult the appropriate entry on the Institute of Continuing Education's website before completing the fields in this section.

Course code	Programme of study or research area	Department	Final Award	Duration

A(4) Current Study

Tick one: I am currently studying, as follows:

I am not currently studying – go to **A (5)**

Name of University (include country)	Subject (include Faculty / Department)	Degree	Date started	Date to be obtained	Expected Grade

A(5): Previous degree-level study (most recent first).

Please supply copies of relevant certificates with this application

Name of University (include country)	Subject (include Faculty / Department)	Degree	Date started	Date obtained	Grade

A(6) Qualifications

I confirm that I am a post-foundation-year:

Doctor who has a role in training and appraising healthcare professionals

Yes

Nurse who has a role in training and appraising healthcare professionals

Yes

Physiotherapist who has a role in training and appraising healthcare professionals

Yes

Dental surgeon who has a role in training and appraising healthcare professionals

Yes

Other healthcare professional who has a role in training and appraising healthcare professionals
please specify below:

Yes

I confirm that I am:

Teaching in primary care

Yes

Teaching in secondary care

Yes

Teaching in tertiary care

Yes

Teaching/supervising mainly preclinical settings

Yes

Teaching mainly undergraduates

Yes

Teaching mainly postgraduates

Yes

Mixture of undergraduate and postgraduates

Yes

I understand that I may be required to provide evidence of my eligibility for the course

Yes

A(7) English Language Proficiency.

Applicants to the programme must be holders of the following and be able to provide evidence of this

All teaching and assessment on this course is in English. To participate fully, you will need near-native fluency in both spoken and written English. We ask for recent certification as part of the admissions process.

Is English your first language? Yes No

If English is not your first language, have you taken an English language proficiency test in the last two years?

Yes IELTS Please enter your TRF number

Yes TOEFL Please enter your registration number

Yes CAE or CPE Please enter your candidate number
and your secret number

No current language proficiency test. I agree to send my English proficiency test results or reference details to the Institute. **We cannot offer you a place on a course until satisfactory evidence of your language proficiency has been received.**

A(8) If you have made other applications to Institute of Continuing Education this year, give details here

Degree	Programme of study/research	Department

A(9) If you have made applications to other institutions this year, give details here

Degree	Programme of study/research	Institution	Department	Country

A(10) Employment History

From	To	Post Held	Name and Address of Employer

Are you currently employed? Yes No

A(11) Reason for applying for the course (please continue on a separate sheet if necessary)

A(12) Names and addresses of your academic referees.

It is your responsibility to ensure that academic references are submitted, your referees will not be contacted on your behalf. If you are unable to supply these with the completed application from any place offered will be conditional upon safe receipt and approval of the references as specified. References must be supplied on original letter headed paper and should also be signed. We cannot accept electronic or scanned copies of documents or scanned signatures.

First referee	Second referee
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Name

Title

Address

Town or city

County/State or Province

Country

Postal Code

Email

SECTION B

B(1) Next of kin

Name

Address

Town or city

County, province or state

Post code

Telephone

B(2) How did you hear about postgraduate programmes at Institute of Continuing Education? *e.g. Prospectus, Internet, British Council, Careers Service etc (please specify)*

B(3) Declaration and Data Protection

This document forms the legal basis of your application to Institute of Continuing Education. We reserve the right to refuse admission in the event of any misrepresentation by you. Submission of an application does not imply an offer of admission. Read the following statement carefully before you sign your application. **We cannot accept your application without your signature and the date below.**

1. DATA PROTECTION ACT (1998): I agree to the Institute of Continuing Education processing personal data contained in my application papers whether provided in confidence or not by other individuals or institutions, in support of my application, as part of the admissions, registration and funding processes. I recognise that some of the information received by the Institute of Continuing Education will have been provided confidentially. I also accept that, should I be made an offer of a place and subsequently register as a student of the University, this information will be retained during and following my studies for administering my progress and for the provision of statistical returns. I understand that this information may also be used for the purposes of staff training.
2. I certify that all the information given in this application is complete and accurate, and I understand that if I have given false or misleading information the Institute of Continuing Education will not admit me as a student, and may take legal action against me.
3. I certify that I am the original and sole author of all work submitted as part of this application, except where clearly indicated otherwise.
4. I understand that if my application is unsuccessful, the papers relating to it will be destroyed, and cannot be returned.

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Personal Data Sheet (Part 1)

The Personal Data Sheet (Part 1) is circulated along with the rest of your application, but information on this sheet will not be considered when making the academic decision on whether to make an offer of admission. The sheet is circulated because if you do declare a disability below, it may be helpful for us to know this in the event that we wish to organise an interview, so that any relevant adjustments can be made. See the Institute of Continuing Education's website for further information about support for disabled students.

Name (legal)

Last (family)

First and middle

Title (Mr/Mrs/Miss/Dr etc)

Support needs relating to disability or chronic illness

Please tick the appropriate box below. If you do not have a disability, special needs or a medical condition, use code 00 ('I have no disability'). If you do not wish to provide any information in this section, use code 97 ('Information refused').

Under the Equality Act 2010, a disability is any physical or mental impairment which has a substantial and long term adverse effect on an individual's ability to carry out normal day to day activities. We invite disclosure from anyone who feels they may have a disability or other condition which is likely to require additional support during their time at the Institute of Continuing Education.

By completing this section you may be put in contact with the Institute's Disability Adviser to establish what support, if any, is required to enable you to study effectively.

I have no disability (00)	I have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy (54)	I am blind or have a serious visual impairment uncorrected by glasses (58)
I have two or more impairments and/or disabling medical conditions (08)	I have a mental health condition (e.g. depression/schizophrenia/anxiety disorder) (55)	I have a disability, impairment or medical condition not listed above (96)
I have a Specific Learning Difficulty (e.g. Dyslexia/Dyspraxia/AD(H)D) (51)	I have a physical impairment or mobility issues (e.g. difficulty using arms/using a wheelchair or crutches) (56)	Information refused (97)
I have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder (53)	I am deaf or have a serious hearing impairment (57)	

Personal Data Sheet (Part 2)

Information in the Personal Data Sheet (Part 2) is retained by the University for statistical purposes only. This section of the Personal Data Sheet is not circulated with your application.

**Name
(legal)**

Last (family)

First and middle

Title (Mr/Mrs/Miss/Dr etc)

(1) Ethnic Origin

Please tick the appropriate box to indicate your background. If you do not wish to provide information in this section, tick the 'Information refused' box.

White (10)

Gypsy or Traveller(13)

Black or Black British – Caribbean (21)

Black or Black British – African (22)

Other Black background (29)

Asian or Asian British – Indian (31)

Asian or Asian British – Pakistani (32)

Asian or Asian British – Bangladeshi (33)

Chinese (34)

Other Asian background (39)

Mixed-White and Black Caribbean (41)

Mixed-White and Black African (42)

Mixed-White and Asian (43)

Arab (50)

Other Mixed background (49)

Other Ethnic background (80)

Information refused (98)