

Application Form

Academic Year 2017



PLEASE COMPLETE APPLICATION FORM IN CAPITAL LETTERS if completing a hard copy. Please complete ALL sections of this application form and refer to the notes on the completion of the application form for guidance.

Please tick against the course that you wish to apply for:

Diploma in Education and Training/ProfGCE 2 year part time Year 1 start (PLLDUETEDUT (for CCCU use))	Diploma in Education and Training/ProfGCE request for consideration for direct entry to year 2 (PLLDUETEDUT (for CCCU use))
Diploma in Education and Training/ProfGCE Fast Track	Certificate in Education and Training (PLLIUEDUTRN (for CCCU use))
Introductory Award in Education and Training (PLLIUINAEDT (for CCCU use))	

Name of College
you will be
studying the
course at:

Please tick the relevant subject below if you are applying for a SPECIALIST

PATHWAY course:

Specialist pathway ESOL (PLLDUETENES (for CCCU use))	Specialist pathway Literacy (PLLDUETENLT (for CCCU use))
Specialist pathway Numeracy (PLLDUETMANU (for CCCU use))	Specialist pathway Disabled Learners (PLLDUETTEDL (for CCCU use))

Course start date:

Please tick the relevant subject below if you are applying for an INTEGRATED

DIPLOMA course:

Integrated Diploma ESOL (PLLDUETSPEs (for CCCU use))	Integrated Diploma Literacy (PLLDUETSPLT (for CCCU use))
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Section One

Surname		First Name in full		Title	
Previous Surname		Date of Birth		Gender	

Ethnic Origin:

I would describe my ethnic origin as (please tick relevant box):

White		Asian or Asian British – Pakistani		Mixed – White & Asian	
Irish Traveller		Asian or Asian British –		Other mixed	
Black or Black British –		Chinese		Other ethnic	
Black or Black British – African		Other Asian background		I refuse to provide this information	
Other Black background		Mixed – White & Black Caribbean			
Asian or Asian British – Indian		Mixed – White & Black African			

Religion:

I would describe my religion as (please tick relevant box):

No religion		Buddhist		Christian	
Hindu		Jewish		Muslim	
Sikh		Spiritual		Any other religion or belief	
Information refused					

Disabilities:

Please state any disabilities in the box below (see note c):

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Fee Status Questions

We need information from you to determine your fee status.

If this section of the form is not complete the university will presume that for fee-purposes you are an overseas fee-payer.

Are you a UK National (please tick yes or no)? If yes please move to section "In which countries have you been resident for the last three years?"		<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Yes	<input type="checkbox"/>												
No	<input type="checkbox"/>												
Please tick whether you are an:													
EEA National		<input type="checkbox"/>											
Swiss National		<input type="checkbox"/>											
Turkish worker in the UK		<input type="checkbox"/>											
IMPORTANT PLEASE STATE YOUR NATIONALITY IF NOT A UK NATIONAL:													
In which countries have you been resident for the last three years?													
<table border="1"> <thead> <tr> <th>Country</th> <th>Main purpose of your residence</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> </tbody> </table>				Country	Main purpose of your residence	1	1	2	2	3	3	4	4
Country	Main purpose of your residence												
1	1												
2	2												
3	3												
4	4												
Applicants not born in the European Union, please state:													
Date of first entry to the EU:		dd/mm/yyyy											
Date of most recent entry to the EU		dd/mm/yyyy											
If you are not a UK National, or EEA/Swiss National please state:													
Country of birth:													
Nationality:													
Country of residence:													
Address:													
Do you require a student visa?													
		Yes	<input type="checkbox"/>										
		No	<input type="checkbox"/>										
		Don't know	<input type="checkbox"/>										
Do you require a student visitor visa (for students studying 6 months or less)													
		Yes	<input type="checkbox"/>										
		No	<input type="checkbox"/>										
		Don't know	<input type="checkbox"/>										
If you are not a UK/EEA citizen and do not require a student visa, what is your UK immigration status?													
Indefinite Leave to enter/remain		Yes	<input type="checkbox"/>										
		No	<input type="checkbox"/>										
Discretionary Leave to remain		Yes	<input type="checkbox"/>										
		No	<input type="checkbox"/>										

Refugee status granted	Yes	No		
Spouse of student visa holder	Yes	No		
Dependent of student visa holder	Yes	No		
Work Permit	Yes	No		

Other (please state):

Start and end dates of current leave (UK Immigration Permission) if applicable	Start Date dd/mm/yyyy	End Date dd/mm/yyyy	
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IMPORTANT

If you are an EU national you must provide a copy of your passport with this application form.

If you are an overseas or non EU national then you must provide evidence of your status in the UK by enclosing a copy of your passport and visa/work permit or Home Office letter with this application form.

a) Home Address (see note a)		Please tick type of accommodation:	
First line of address		Parental/Guardian Home	<input type="checkbox"/>
Second line of address		Own Home	<input type="checkbox"/>
Town		Rented accommodation	<input type="checkbox"/>
County		Other	<input type="checkbox"/>
Post Code			
Telephone Number (including dialling code):			

b) Workplace Address (see note b)	
First line of address	
Second line of address	
Town	
County	
Post Code	
Work Telephone Number (including dialling code):	

Other contact details			
Mobile Number		Email Address	

Section Two

a) Have you ever received a criminal conviction, caution or bind over (including spent convictions)?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

b) Have you had a DBS (Disclosure and Barring Service) check within the last year?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

It is a requirement before the commencement of the course that you can produce evidence of your current DBS.

By signing this form you are declaring that the information in *a* and *b* above are accurate.

Please note: This is subject to further revision relating to changes in legislation and/or university policy.

Section Three

Equivalent or Higher Level Qualifications

If you have a qualification that is equivalent to, or higher than the one you propose to take we need to know so that we can make an accurate statistical return to the relevant funding council. If you leave this category blank the expectation is that you have an equivalent or higher level qualification. Please indicate whether:

I have a qualification equivalent to, or higher than the one I wish to study

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

I do not know if I have a qualification equivalent to, or higher than the one I wish to study: *Please insert the name of the highest qualification you have so that we can check to see if it is higher or equivalent to the qualification you are taking:*

Qualifications

Please complete ALL sections below.

Level 2 qualifications (Maths):

Place of study		Date of Study	
Qualification gained and grade if applicable		Awarding Body	

Level 2 qualifications (English):

Place of study		Date of Study	
Qualification gained and grade if applicable		Awarding Body	

Level 3 qualification (Specialist Subject area):

Place of study		Date of study	
Level 3 Qualification gained		Awarding body	

Highest qualification if not already indicated above:

Place and date of study		Qualification gained	
Subject		Awarding Body	
Date Awarded		Level of HE/FE qualification or classification of degree	

History of employment in teaching (include vocational employment and teaching or training)
include all relevant previous employment:

Place of employment	Position	Responsibilities	From	To

Please confirm the teaching you will be delivering (or will be able to secure) for the period of the programme if applicable:

Current Teaching Position	
Subject Specialism	
Mentor Name and Subject Specialism (if known)	
Nature of work (Full/part-time/voluntary/ paid/ one or more employers/location/ role(s) etc).	

Please supply the names and contact details for two referees who would be able to support this application (where required for external candidates references will be followed up):

Referee 1		Referee 2	
Name:		Name:	
Address:		Address:	
First line of address		First line of address	
Second line of address		Second line of address	
Town		Town	
County		County	
Post Code		Post Code	
Phone:		Phone:	
e-mail:		e-mail:	

Data Protection Act 1998: The information that you have supplied will be processed and held on computer. The data may be processed for the purpose of compiling statistics, and passed to the Higher Education Statistical Agency. By signing and returning this application form you will be deemed to be giving your consent to the processing of data contained on it.

DECLARATION

I consent to the processing of the data contained within my computer record. I hereby grant Canterbury Christ Church University the authority to release information relating to my academic status to the Higher Education Statistical Agency and the Higher Education Funding Council for England. I also agree to observe the Regulations of the University, a copy of which is available upon request.

SIGNATURE:_____DATE:___/___/_____

THIS FORM SHOULD BE RETURNED TO THE PROGRAMME CO-ORDINATOR IN THE CENTRE WHERE YOU INTEND TO UNDERTAKE THE QUALIFICATION. IF IN DOUBT, PLEASE CONTACT THE PROGRAMME ADMINISTRATOR ON 01227 863459 WHO WILL CONFIRM WHERE THE FORM SHOULD BE SENT.

NOTES ON THE COMPLETION OF THE APPLICATION FORM

The Application Form will be the basis of our computer record and records held by your College, Department/Faculty and Tutor. Please complete it carefully, using BLOCK CAPITALS in black ink or biro. All items should be completed if possible.

Section One

- a) Enter your full home address, including **postcode**. Please indicate any gap in the postcode by a blank space.
- b) Enter your full employment address, including **postcode**.
- c) DISABILITY –please insert the appropriate code below:

- 00 No disability
- 01 Dyslexia
- 02 Blind/Partially sighted
- 03 Deaf/Hearing impediment
- 04 Wheelchair user/Mobility difficulties
- 05 Personal Care Support
- 06 Mental health difficulties
- 07 Unseen disability (e.g. Asthma, Diabetes, Epilepsy,)
- 08 Multiple disabilities
- 09 Other disabilities not specified

Disability information is requested to enable appropriate support to be provided during your studies.

Section Two

- a) It is important that you declare any convictions, cautions or bindovers. Applications for teaching are exempt from the Rehabilitation of Offenders act and you must therefore also declare any ‘spent’ convictions.
- b) All students must be DBS checked before the start of the course. However, if you have had an appropriate Enhanced DBS check done within one year of the start of the course and can produce your disclosure certificate you will not need to have it done again

Section Three

- You must indicate clearly your highest English Language and Maths qualification.
- Photocopies of any qualifications you hold should be attached to the Application Form

Fee Status Questions

These questions are to determine your fee-paying status (i.e. home or overseas). In order to be classified as a home student you should have been resident in the UK continuously for three years before the start of the course, for a purpose other than full-time education, and should have no time restrictions imposed on your stay.