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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A1 Student Information** | | | | | | | | | | | | | | | |
| **Student Number**  **(OFFICE USE ONLY)** | **B** | | *1* | | | *2* | *3* | | *4* | *5* | *6* | *7* | **QTS Status** | | *Have QTS year obtained/Not Applicable* |
| **Title** *(Mr/Miss/Mrs/Dr. etc.)* | | | | |  | | | | | | | | **Programme of study**  **MSc Mental Health, Wellbeing and Resilience** | | |
| **Surname/Family Name** | | | |  | | | | | | | | | **Programme start date** | | |
| **Forename Name(s)** | | | |  | | | | | | | | | **Mode of Study** | Full-time  Part-time | |
| **Date of Birth** | | DD/MM/YYYY | | | | | | **Student Fee Status\*** | | | | | Home  European Union  Channel Islands & IoM Overseas | | |
| **Sex** | | Male (1)  Female (2)  Other (3) | | | | | | | | | | | | | |

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| **A2 Permanent Address (At Application)** | | | | **A3 Emergency Contact Details** | | |
|  | | | | **Name** |  | |
|  | | | | **Relationship to you** |  | |
|  | | **Contact number primary** | | **Contact number primary** |  | |
| Personal Email: | | | | **Contact number secondary** |  | |
| 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)  Yes (A)  No (B) | Please check/state the country of your permanent home/address prior to entry on this course (if blank please complete)  England (XF)  N. Ireland (XG)  Scotland (XH)  Wales (XI)  Other  If other please specify:  ---------------------------------------------- | UK (GB)  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.  Yes (1) No (2)  Don't Know (8)  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?  Yes  No | White (10)  Gypsy or Traveller (15)  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)  Other Asian Background (39)  Chinese (34)  Mixed - White & Black Caribbean (41)  Mixed - White & Black African (42)  Mixed - White & Asian (43)  Other Mixed Background (49)  Arab (50)  Other Ethnic Background (80)  Information refused (98) | No known disability (00)  Multiple Disabilities (08)  A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D (51)  A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder (53)  A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy (54)  A mental health condition, such as depression, schizophrenia or anxiety disorder (55)  A physical impairment or mobility issues such as difficulty using arms or using a wheelchair or crutches (56)  Deaf or a serious hearing impairment (57)  Blind or a serious visual impairment uncorrected by glasses (58)  A disability not listed above (96)  **Are in receipt of Disabled Students Allowance (DSA)?** (4) | |
| **B8 Religion** |
| No religion (01)  Buddhist (02)  Christian (03)  Hindu (10)  Jewish (11)  Muslim (12)  Sikh (13)  Spiritual (14)  Any other religion or belief (80)  Information refused (98) |

**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 (£)** |
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|  | **Total Credit Value and Gross Fee** |  |  |

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

**SECTION D –QUALIFICATION(S) ON ENTRY**

|  |  |
| --- | --- |
| **D1 – Last Institution Attended** | |
| **Name of College/University** |  |

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| **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 |  | | No |  |

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

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| **D3 – Qualification Details** (please list all qualifications achieved to-date use a continuation sheet if necessary) | | | | | | | | |
| **Type** | **Grade** | **Awarding Body** | | **Subject** | | | | **Year** |
|  |  |  | |  | | | |  |
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| **D4 – English Language Competency** | | | | | | | | |
| **Is English your first language?** | | |  | | | | | |
| **If English is not your first language please state IELTS/TOEFL score(s)** | | | **Reading** | |  | **Listening** |  | |
| **Writing** | |  | **Speaking** |  | |

**Career History**

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| --- |
|  |

**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.

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| --- | --- |
| **Open Referee** | **Second Referee** |
| 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 |

Applications should be sent to:

Admissions

Bishop Grosseteste University

Lincoln

LN1 3DY