**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* |
|  | **TRN (Teacher Reference Number):** |  |
| **Title** *(Mr/Miss/Mrs/Dr. etc.)* |  | **Programme of study****MSc Primary and Community Care** |
| **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) |

|  |  |
| --- | --- |
| **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)[ ]  OtherIf 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 – Please select your Optional Module Choices**

|  |  |
| --- | --- |
|  | **C1 – Module Enrolment (Please list all modules to be taken this academic year)** |
| **Semester One** **either Option A or Option B** | **Module Code** | **Module Title** | **Credit Value** | **My Selection** |
| A | PCC703 | Fundamental Skills for General Practice | 30 |  |
| B | PCC704 and PCC705 | Management of Minor Illness in Primary and Community CareANDInterpretation of Clinical Blood Results: what they mean for and in practice | 1515 |  |
| **Semester Two** **Two of the following: Option A, Option B, Option C** |
|  A | PCC707 | Management of Long Term Conditions | 15 |  |
| B | PCC708 | Mental Health, Well-being and Resilience | 15 |  |
| C | PCC709 | Urgent and Emergency Care within Primary and Community Care ( | 15 |  |
|  |  | **Total Credit Value**  |  |  |

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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**

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| **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 |  |
| **Degree details** |
| **Degree Title** (e.g. BA Honours Degree) |  |
| **Subject(s) of Award** |  |
| **Classification** |  | From | MM/YYYY | To | MM/YYYY |

|  |
| --- |
| **D3 – If you have credits at Level 7 and wish to transfer these to the MSc Primary and Community Care, please give details below** |
| **Module Type** | **Level** | **Credits (e.g. 30)** | **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 at postgraduate level and succeed.

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| **Open Referee** **(from someone from an appropriate professional background or workplace)** | **Second Referee****(preferably from an educational setting)** |
| 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