



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 MA in Heritage Education | | | | | | | | |
| Surname/Family Name | | Programme start date | | | | | | | | |
| Forename Name(s) | | Mode of Study | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | | | | | |
| Date of Birth | DD/MM/YYYY | Student Fee Status* | | <input type="checkbox"/> Home <input type="checkbox"/> European Union <input type="checkbox"/> Channel Islands & IoM <input type="checkbox"/> Overseas | | | | | | |
| Sex | <input type="checkbox"/> Male (1) <input type="checkbox"/> Female (2) <input type="checkbox"/> 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) <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) | |
| B8 Religion | <input type="checkbox"/> Are in receipt of Disabled Students Allowance (DSA)? (4) | | |
| <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) | | | |



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

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

| 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 | |

| 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 <u>all</u> 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:



Referees:

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

| 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