

Application for Admission to a Foundation Degree Programme



Edge Hill University

This form should be completed using the accompanying Notes for Guidance. These notes explain the necessary codes and offer a general explanations for each section. The guidance notes also set out the terms and conditions which you must agree to for us to process your application.

| 1. Personal details | | 2. Further Details | |
|--|------------------------------|---|--|
| Surname/Family Name | | | |
| First Name(s) | | Age | |
| Home Address | | Years <input type="text"/> Months <input type="text"/> | |
| | | Male (M) Female (F) <input type="text"/> | |
| | | Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Postcode (UK Only) | | Country of Permanent Residence _____ | |
| Contact number(s) (inc. STD/Area Code) | Home: _____ Mobile: _____ | Country of Birth _____ | |
| Email: _____ | | Nationality _____ | |
| Correspondence Address (if different) | | If born outside the UK | |
| | | Date of first entry to live in the UK <input type="text"/> | |
| | | Residential Category (refer to Notes for Guidance) <input type="text"/> | |
| Postcode (UK Only) | | | |
| Contact numbers (if different) | Home: _____ Mobile: _____ | | |
| Email: _____ | | | |

3. Details of Course(s) for which you wish to apply

| Course Title | Proposed date of entry | | Other details: Pathway / Mode of Study, i.e. Flexible/Standard |
|--------------|------------------------|----|--|
| | MM | YY | |
| | MM | YY | |
| | MM | YY | |

Please note that only Pathway C for FD in Early Years Leadership, Education & Practice, is available full-time or part-time. Applications for the full-time Pathway C should be made through UCAS.

Preferred Study Location: *

*NB The programme/pathway may not always be available at the preferred location.

4. Study background

Have you a) previously applied to Edge Hill University? Yes No

If yes, please state course and year of application:

b) studied at Edge Hill in the past? Yes No

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| Reference / Supporting Statement | | | | |
|--|-----------------------------|--------------------------|------------------------------------|--------------------------|
| Supporting Statement for: | | | | |
| Full Name of Applicant : | <input type="text"/> | | | |
| Course/Programme applied for: | <input type="text"/> | | | |
| Name of Referee / Manager | | | | |
| Your role within the organisation | | | | |
| Name and address of school / setting | | | | |
| Postcode | | | | |
| Telephone | | | | |
| Fax | | | | |
| Email address | | | | |
| Type of setting, eg Early Years, school, etc | | | | |
| How long has the applicant worked with you? | | | | |
| In what capacity? (please tick one box) | Employed full-time | <input type="checkbox"/> | Employed part-time | <input type="checkbox"/> |
| | Self-employed full-time | <input type="checkbox"/> | Self-employed part-time | <input type="checkbox"/> |
| How many hours per week does the applicant work? | | | | |
| What days of the week does the applicant normally work? | | | | |
| Will you be able to provide a Mentor to support this applicant on a Foundation Degree Programme? | | | | |
| Name of Mentor: | | | | |
| Their role within the organisation | | | | |
| Are they already trained as a Mentor? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Do the Mentor and the applicant work together? | | | | |
| Will you be able to provide internet access for the student? | | | | |
| Does the applicant have (please indicate Y or N) | a) CRB Enhanced Disclosure? | <input type="checkbox"/> | b) satisfactory medical clearance? | <input type="checkbox"/> |

Supporting Statement:

Data Protection Act

Please remember that, under the Data Protection Act, the applicant can ask for a copy of any personal information about them held by the University. This will include the reference you have provided.

Declaration

If the application form, including the reference, has any information missing or contains false or misleading information, Edge Hill University has the right to cancel the application and withdraw any offers that have been made.

Signed

Date

(please affix official stamp where appropriate, at the end of the statement)

Please return to:

**The Admissions Unit
Edge Hill University
St Helens Road
Ormskirk
Lancashire L39 4QP**