

Application for Admission to BA (Hons) Early Years Leadership or BA (Hons) Early Years Practice



Edge Hill University

This form should be completed using the accompanying Notes for Guidance. These notes explain the necessary codes and offer a general explanation 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		Date of Birth _____					
First Name(s)		Country of Permanent Residence _____					
Home Address		Country of Birth _____					
		Nationality _____					
		If born outside the UK					
		Date of first entry to live in the UK					
Postcode (UK Only)		Residential Category (refer to Notes for Guidance)					
Contact number(s) (inc. STD/Area Code)	Home:						
	Mobile:						
Email:							
Correspondence Address (if different)		Physical or other disability or medical conditions which might necessitate special arrangements or facilities – please give details					
		Disability Code:					
		Are you in receipt of Disabled Students allowance? YES NO					
		Details _____					

Postcode (UK Only)							
Contact numbers (if different)	Home:						
	Mobile:						
Email:							
3. Location of Studies							
Please indicate your first and second choice of location by writing 1 and 2 in the relevant boxes:							
<input type="checkbox"/>	Ormskirk Campus	<input type="checkbox"/>	Wirral Centre	<input type="checkbox"/>	Bury Centre	<input type="checkbox"/>	Shrewsbury Centre
Please note that programmes will run at various centres subject to viable numbers							
4. Educational Background (please list institutions attended from Secondary school onwards)		From (month & year)		To (month & year)		Full time or part time?	

5. School/College qualifications (including GCSEs; GCE A/AS Levels; BTEC ND / NC; AVCE; Access, NVQ, etc) Please give details of Foundation Degree or other Level 5 qualification first and then list all other qualifications attained and those with results pending

Name of Level 5 Qualification

Awarding Institution

Grade (if applicable) _____ Date achieved _____

Other Qualifications

Qualification/ Level	Subject	Grade/Result	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Employment (Please indicate your employment experience including any details relevant to the course for which you are applying)

Name and Address of current employer (if applicable)	_____

Nature of your role	_____

Previous Employers (continue on a separate sheet if necessary)

Name of employer	Nature of your role	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Name and Address of Referee :

Reference from :

Name:

Title :

Address:

Tel :

Fax :

e-mail :

This reference is **Enclosed / Will follow**

9. Mentor

Do you have a someone within your setting who is prepared to act as your mentor YES [] NO []

If yes, please provide the name of the mentor:

What is the mentor's role within the organisation?

10. Criminal Convictions

Do you have any criminal convictions ? please tick either box YES [] NO []

11. Declaration



Declaration: I confirm that the information given on this form is true, complete and accurate and no information requested or other significant information has been omitted. I have read the Notes for Guidance for Completion of the Application Form. I understand what they say and agree to abide by the conditions set out there, which I accept as conditions of this application. I agree to Edge Hill University holding, processing and disclosing my information for the purposes outlined in the Guidance Notes. I agree to being contacted by Edge Hill University by post, telephone, fax or e-mail in connection with this application.

[] I do not want to be contacted by Edge Hill with any commercial information or details of other services or products not directly related to the Edge Hill course(s) applied for.

Applicant's Signature: **Date:**

Please return this form to The Admissions Department, Edge Hill University, St Helens Road, Ormskirk, Lancs, L39 4QP

12. Planning Statistics

Ethnic origin : (this information **will not** be made available to Admissions Tutors for selection purposes). Please choose from the ethnic origin terms printed in the Notes for Guidance the one which you feel most nearly describes your ethnic origin and write its code in the box :