

Application for Admission to a Postgraduate Degree Programme

Edge Hill University

This form should be completed following the accompanying guidance notes. These guidance notes explain the necessary codes and general explanations for each section. The guidance notes also set out the terms and conditions which you must agree to for processing your application.

1. Personal details

Surname/Family Name:	
First Name(s):	
Home Address	
Contact number(s) <i>(inc. STD/Area Code)</i>	Home:
	Mobile:
Email:	
Correspondence Address <i>(if different)</i>	
Contact number(s) <i>(inc. STD/Area Code)</i>	Home:
	Mobile:

2. Further Details

Male (M) or Female (F)			
Title: Mr/ Mrs/ Miss/ Ms/ Dr. Other: _____			
Age	Years:	Months:	
Date of birth	Day	Month	Year
Country of permanent residence			
Country of birth			
Nationality			
If born outside of the UK			
date of first entry to the UK Residential category (refer to guidance notes)			
Professional Registration Number			
Current Employment Grade (eg ST4, SPR)			

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

Course Title	Year / Month of entry	Point of Entry (e.g. Year 1or 2)	Mode of Study (full time or distance)

4. details of intended fee payment arrangements

i) I will be paying my own tuition fees - <i>Please tick -</i>	Yes		No	
ii) I will be sponsored by my employer or other organisation	Yes		No	
(iii) Sponsor's details:				

5. Physical or other disability or medical condition which might necessitate special arrangements or facilities – please give details :

Disability Code : Are you in receipt of Disabled Students Allowance ? YES / NO

Details

6. Educational Background (Previous Institutions attended)	From (month & year)		To (month & year)		FT, PT, or SW

7. School/College qualifications (including Degree; DipHE; HND; GCSEs A/AS Levels; BTEC ND / NC; AVCE; Access, etc) Please include a copy of your certificate of highest level of study.

Qualification / Level	Subject	Grade/Result	Date

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

Employer	Nature of Work	Dates
Present Employer (if any)		
Name		From
Address		To
Tel. No.		Full-/Part-time
Previous Employers (continue on a separate sheet if necessary)		
Name		From
Address		To
Tel. No.		Full-/Part-time
Name		From
Address		To
Tel. No.		Full-/Part-time

9. Further Information

Please state here your reasons for wishing to pursue the course. Give details of any other relevant skills, such as Information Technology and Research Methods. Indicate any other achievements or experience that will support your application.
(You may wish to discuss this section with the Course Leader before completion.)

10. Name and Address of Professional Referees :

Reference from :	
Name	
Address	
Tel :	
Fax :	
Email	
This reference is	Enclosed / will follow

11. Criminal Convictions

Do you have any criminal convictions ? please tick either box

YES [] NO []

12. Declaration

i 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 holding, processing and disclosing my information for the purposes outlined in the Guidance Notes. I agree to being contacted by Edge Hill 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:

13. 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 :

This form should be returned to:

**Enterprise & Partnerships Team
Faculty of Health & Social Care
Edge Hill University
St Helens Road
Ormskirk
L39 4QP
United Kingdom**

10. Reference :

Statement by Referee for

Name of Applicant

Date of Birth

Course Applying for:

Name of Referee

Post/ Occupation/ Relationship to Applicant

Tel (Including STD):

Fax : (Including STD)

Email

How long have you known the applicant and in what connection

Notes for the guidance of referees

In order to select those students who will benefit from their chosen programme of study, Edge Hill University requires a supporting statement from a referee. Applicants for professional programmes e.g Teaching, must be interviewed as an integral part of the selection process and no decision will be made until receipt of a reference. You may use separate official letterhead.

Your reference about the applicant should, if possible, cover the following:

- Suitability for the course
- Intellectual qualities including previous and present academic performance and any relevant subject experience through work/study.
- Personal characteristics including motivation, powers of analysis, communication skills, independence of thought and ability to sustain study at their chosen level.
- Career aspirations
- Health and other personal circumstances relevant to the applicant.
- Athletic, social and other interests.

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