

UK Application form for MA(ED)

PERSONAL DETAILS

Title (Mr/Miss/Mrs/Ms):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Forenames:
Surname (Family Name):		Previous Surnames (if applicable):
Date of Birth:		Country of Birth:
Nationality:	Have you been ordinarily resident in the UK for the last three years: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Permanent/Home Address:		
<input type="text"/> <input type="text"/>		
Post Code: <input type="text"/>		
Mobile:	Home Phone:	Home Email:

CURRENT EMPLOYMENT DETAILS

Name of Workplace:	
Address of Workplace:	
<input type="text"/> <input type="text"/>	
Post Code: <input type="text"/>	
Work Phone:	Work Email:

MODULE DETAILS

Module title applied for:	
Venue:	Start Date:

If you wish to be considered for Accreditation of Prior Learning (APL) including PGCE at Masters level, please provide a transcript detailing the level at which previous work was undertaken and how many credits were awarded. Your application cannot be processed without this information.

☐ Yes, I would like to apply for APL
(please tick box and enclose evidence)

ACADEMIC RECORD (Qualifications achieved from age 18)

Name of School/College/University	Date from	Date to	Qualifications achieved	Subjects	Grade/Results

EMPLOYMENT RECORD (Current first)

Date from	Date to	Employer (Workplace, not your Local Education Authority)	Position held

FEES

Who will be paying your fees: Self ☐ Sponsor ☐

Please complete and attach Sponsorship Agreement form. See 'third party payments' on www.chi.ac.uk/studentfinance/TuitionFees.cfm

DISABILITY OR SPECIAL NEED

We would like to ask about any additional needs you may have so that we can support you during the application process and your studies. If you are willing to provide this information please tick the appropriate box below. If you answer "yes", our Student Support and Wellbeing department will contact you directly to find out more. You may decide not to answer this question, or to withdraw this part of your application at a later date, but this may then have an impact upon what support or reasonable adjustments can be made available. We will not share this personal information with anyone outside the University. For more information about how we protect your personal data please see our Privacy Standard at <https://www.chi.ac.uk/about-us/policies-and-statements/data-protection>.

Do you have a disability or additional learning requirement? Yes ☐ No ☐

DECLARATION

I confirm that the information provided in my application is correct and that providing misleading or incomplete information may result in my application being rejected or student registration terminated. I understand that:

- The personal information I have provided on this form will be used by the University of Chichester to assess my suitability and to keep in touch regarding my application.
- I can contact the University at any time to access my personal information and to update it if anything changes by emailing admissions@chi.ac.uk
- If I enroll as a student the University will keep my information on file for the duration of my course and for a maximum of five years after I have left. Otherwise it will be securely deleted within twelve months.
- My personal information will be held securely and will not be shared with anyone outside the University of Chichester.
- I can find out more about how the University complies with data protection legislation at <https://www.chi.ac.uk/about-us/policies-and-statements/data-protection> and can contact the Data Protection officer at DPOfficer@chi.ac.uk.

Signed:

Dated:

ENDORSEMENT (Please complete if applicable)

I support the applicant, who is employed in the workplace given below, in their pursuit of this professional development course: ☐

Name of endorser (Please print):

Position held:

Date:

Signed:

Name and Address of Workplace:

Post Code: