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Application form

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| 1. **Course that you are applying for:** |
| **BA working with children, young people & families (WBIS)** |
| **Intended start date (month and year):** |
| **Mode of Study (Full time or part time):** |
| **How did you hear about this course?** |

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| **2. Personal Details** | | | |
| **Title Ms/Miss/Mrs/Mr etc.** | | **Surname/family name (**BLOCK CAPITALS) | |
| **First names(s)** | | **Previous surname, if changed** | |
| **Permanent address**    **Postcode** | | **Correspondence address (if different)**    **Postcode** | |
| **Daytime telephone number** | **Evening telephone number** | | **Mobile telephone number** |
| **Email address** | | | |
| **Gender (please tick):**  Male  Female  Rather not say | | **Date of birth** | |

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| **3. Fee status** | | | |
| **Country of birth** | **Nationality** | | |
| **Country of permanent residence** | | | |
| **Have you lived in the UK/EU for the whole of your life up to the present day:** Yes  No  If No, please state date of first entry into the UK/EU:: | | | |
| **Name of organisation expected to pay your fees**  (e.g. employer, self-funding, tuition fee loan – student finance company etc.) | | | |
| **4. Education and Qualifications** | | | |
| Names and addresses of the three most recent educational or training organisations (school, college, training provider etc.) that you have attended or studied with. Please include dates of attendance. | | | |
| **Name and address of education/training organisation** | | **From (MMYY)** | **To (MMYY)** |
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Please list all subjects taken in chronological order, starting with GCSEs or equivalents. If you are waiting for results of any examination recently taken, please write PENDING in the results column. Continue on a separate sheet if necessary.

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| **Qualification**  (Include: ***Awarding body +*** ***qualification type and level, e.g. GCSE, CACHE Level 3 Diploma, A level etc.)*** | **Subject**  (award/qualification title e.g. Children and Young People’s Workforce, Teaching Assistance etc.) | **Date awarded**  Month Year | | **Results**  (e.g. Pass, Merit, Distinction, Grade) |
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| **Is English your first language?** Yes  No  If No, what is your first language? | | | | |

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| **5. Other training and courses attended** | | | |
| List those of half a day or more, attended in the past three years. Continue on another page if needed. | | | |
| **Subject** | **Training provider** | **Length of course**  (Days, half days, hrs) | **Date(s) attended** (DD/MM/YY) |
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| **6. Employment/work experience** | |
| Please give details of relevant and other recent employment, work experience or training, starting with your current or most recent. Continue on a separate sheet if needed. | |
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| **From (MM/YY)** | **To (MM/YY)** |
| **Organisation:** | |
| **Job title:** | |
| **Main duties:** | |
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| **From (MM/YY)** | **To (MM/YY)** |
| **Organisation:** | |
| **Job title:** | |
| **Main duties:** | |
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| **From (MM/YY)** | **To (MM/YY)** |
| **Organisation:** | |
| **Job title:** | |
| **Main duties:** | |
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| **From (MM/YY)** | **To (MM/YY)** |
| **Organisation:** | |
| **Job title:** | |
| **Main duties:** | |
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| **From (MM/YY)** | **To (MM/YY)** |
| **Organisation:** | |
| **Job title:** | |
| **Main duties:** | |

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| **7. Disability/Specific Needs** |
| **All applicants are required to tick the appropriate disability codes. The** codes for disabilities, special needs and medical conditions are:  A – None  B – You have a social/communication impairment such as Asperger’s syndrome/other autistic spectrum  C – You are blind or have a serious visual impairment uncorrected by glasses  D – You are deaf or have a serious hearing impairment  E – You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy  F – You have a mental health condition, such as depression, schizophrenia or anxiety disorder  G – You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D  H – You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches  I – You have a disability, impairment or medical condition that is not listed above  J – You have two or more impairments and/or disabling medical conditions |

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| **8. Criminal convictions** |
| **Please refer to the guidance notes regarding the definition of criminal convictions.**  If you have a relevant criminal conviction, Y  or N |

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| **9. Personal statement** |
| You must provide a personal statement (see separate sheet) to support your application to study on this course. Please refer to the guidance notes for further assistance. Note that your application will not be processed without a personal statement. |

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| **10. Reference** | |
| The University requires one reference in support of your application. Please provide details of your referee below and send the separate reference request sheet on to your referee as soon as possible. Please note that it is your responsibility to contact your referee. We are unable to make a decision about your application until we receive your reference. | |
| **Name** | **Position** |
| **Name of Organisation** | **Address** |
| **Telephone number** | **Email address** |

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| **11. Declaration** |

I understand that I am responsible for payment of all tuition fees. I agree to comply with the statutes, ordinances, bye-laws, regulations, rules and conditions of the University of Chester for the time being in force, including Health, Safety and Disciplinary Regulations. I agree that all ideas, materials or work produced by me and submitted as part of the requirements of my programme of study and all intellectual property rights therein will become the absolute property of the University of Chester, unless specifically agreed to the contrary.

Data Protection Act 1998

I consent to the University of Chester processing personal data contained in this form, or other data which may be obtained from me or others, including details of academic performance, learning support needs, disciplinary matters, destinations and comments on quality, closed circuit TV and video recording on university premises and holding my photograph which is used on the student ID card for any purpose connected with my studies, my health and safety, implementation of the Rules, to provide data that the University is required to hold or supply to the Higher Education Statistics Agency (HESA) or for any other legitimate reason. I consent to the disclosure of such information for academic administration purposes, in response to requests for references relating to continuing education, training or employment, for implementation of the Rules or in relation to council tax matters. I understand that HESA pass data to organisations that need it to carry out their statutory functions connected with funding higher education. I am aware that I may request a copy of information held about me on request and on payment of the appropriate fee and that further information regarding HESA can be found on Chester University Portal.

Signature: . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date:

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| **11. Submitting your application** |

**Checklist:**

**Guidance notes read**

**Application form completed** (by hand or on computer)

**Personal Statement Completed**

**Reference requested**

**Reference completed**

**Certificates for qualifications at Level 3 and above scanned/photocopied**

**Copies of all documents made/saved** (for your reference)

**Submission process:**

**Email your completed and signed documents to** [**admissions@chester.ac.uk**](mailto:admissions@chester.ac.uk)**.**

Please refer to the Application Notes for Guidance for further information. If you have any queries, please contact [wbisenquiries@ucshrewsbury.ac.uk](mailto:wbisenquiries@ucshrewsbury.ac.uk).

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| **FOR OFFICE USE ONLY:**  **Academic Decision**: Reject [ ] Accept [ ]  **Conditions of offer**:  Signed: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . . . . . . . .  **Certificate(s) produced by student:**  **Other evidence provided:**  **Qualifications confirmed by**:  Signed: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . . . . . . . . . |