

Application for Admission to the Lifelong Learning Programme

PLEASE USE BLOCK CAPITALS AND COMPLETE IN FULL

Part 1: Details of the course for which you are applying

Year of Study: Year 1/Year 2 (please refer to guidance notes and delete as appropriate)

Award: PGCert/CertED (please refer to guidance notes and delete as appropriate)

College (please refer to guidance notes): _____

Part 2: Personal Details

Surname/Family name _____

Title (eg Mr / Mrs / Miss / Ms / Dr etc.) _____

First name(s) _____

Previous name/s (and date/s name/s legally changed) _____

Date of birth _____

Home address _____

Postal Code _____

Telephone _____

Correspondence or term time address (if different to home address) _____

Postal Code _____

Telephone _____

Mobile Telephone _____

Other daytime telephone _____

Email address _____

Fax number _____

Do you have Department for Education (DfE) qualified teacher _____

Yes/No _____

status (QTS) (applicable for Education-related courses only)? (please circle)

If yes, please provide your DfE number here

Are you a current student or have you previously studied at BSU? Yes/No

If yes, please provide your student number here

Award received

Part 3: Qualifications and Employment

Please list qualifications (and results) that are relevant to your application

Present occupation Full-time/Part-time (please circle)

Employer Dates of employment

Job Title

Main teaching subject

Accreditation of Prior Learning (if applicable – please see guidance notes) – Please attach a copy of the university/college transcript as evidence

Title of course	Institution	Credit points and level	Date of completion

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY/RELEVANT

Part 4: To be completed by your college

Confirmation of year of study: Year 1/Year 2 (please delete as appropriate)

Confirmation of award: PGCert/CertED (please delete as appropriate)

Confirmation of acceptance onto the above award: Yes/No (please delete as appropriate)

Confirmation that applicant has a valid, recent CRB Enhanced Disclosure: Yes/No (please delete as appropriate)

Confirmation that you have seen the following original documents:

- APL transcript (if applicable) Yes/No (please delete as appropriate)
 - Highest qualification certificate Yes/No (please delete as appropriate)
 - Proof of identity Yes/No (please delete as appropriate)
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Part 5: Other Information

Bath Spa University values the diversity of the community. So that we can ensure that we provide a sensitive, appropriate and accessible service, please complete this section. Please be assured that it will not be used in the decision making process.

If you have a disability or medical condition that you would like us to know about, please give details below

If you have a criminal conviction or spent conviction (as defined by the Rehabilitation of Offenders Act 1974), please declare it in an attachment to this application form.

Any other details relevant to this application

Part 6: Declaration

Please read the following declaration and authorisation carefully and sign below to confirm your agreement to its terms.

- I undertake to comply with all copyright laws relating to publications and computer software and the Computer Misuse and Data Protection Act.
- I have seen a copy of the BSU 'statement' summarizing its Data Protection Policy and consent to BSU using the data it holds about me as described.
- I agree to comply with BSU regulations and procedures set out in the Academic Regulations and Student Handbook. I consent to submitting my assessed work to its plagiarism detection service if necessary.
- I have checked the information on this form and confirm the details are correct.
- I agree to comply with BSU fees policies.

The information I have provided in, and with, this application is true and complete, to the best of my knowledge. I understand that any offer of a place is conditional upon the screening, to the satisfaction of the University, of any or all of the information I have supplied. For the purposes of the Data Protection Act 1998, Bath Spa University is the Data Controller of this information.

I understand and accept that providing false or misleading information, or failing to mention a material fact, may be a legitimate cause for the withdrawal of an offer of a place or, if I am already a student at Bath Spa University, for

exclusion. In particular, this will be the case if, after thorough evaluation of the relevant circumstances, Bath Spa University forms the view that I provided false or misleading information or failed to mention a material fact deliberately.

I give my explicit written consent that the University may use this personal data. My consent is conditional on Bath Spa University complying with its obligations and duties under the Data Protection Act 1998.

Signature

Date

CHECKLIST – PLEASE SUBMIT THE FOLLOWING (SEE GUIDANCE NOTES FOR FURTHER INFORMATION)

- A copy of your APL transcript (if applicable)
 - A copy of your highest qualification certificate
 - A copy of your proof of identity (passport or birth certificate)
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Please return this application to:

**Admissions Service
Student Services
Bath Spa University
Newton Park
Bath
BA2 9BN
United Kingdom**

Fax: +44 (0)1225 875444 Email: admissions@bathspa.ac.uk

FOR OFFICIAL USE ONLY
Date application received
Entered onto SITS
Acknowledged/Registration info sent