

University of the West of Scotland: Application form

School of Education – Inclusive Education Programme

APPLICANTS PLEASE NOTE:

Please complete this form in BLOCK CAPITALS.

Personal data provided on your application form will be entered onto the University's computerised record system. This data will, at all times, be used strictly in accordance with the principles laid down by the Data Protection Act (1998). Completed application forms should be returned to: **Admissions Office, School of Education, University of the West of Scotland, Ayr Campus, Beech Grove. Ayr KA8 0SR**

PLEASE READ THE NOTES PAGE BEFORE COMPLETING THIS APPLICATION FORM

1. PERSONAL DETAILS

Surname: _____

Forename: _____

Middle name(s): _____

Title (Mr/Mrs/Ms/Miss/Other): _____

Maiden Name/Previous family name _____

Permanent Address:	Correspondence Address (if different) valid until --/--/-- (please specify)	For office use only
		UK
Town:	Town:	
Country:	Country:	EU
Postcode:	Postcode:	
Home Phone:	Home Phone:	OS
Day Phone:	Day Phone:	
Nationality:		

If you are an overseas national, when did you enter the (Date) UK to live?

Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email address:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	<i>As you are applying for an on-line course, it is essential that you include your email address and complete it accurately</i>

Are you currently or have you ever been a student at the University of the West of Scotland? Yes /No
(circle as appropriate)

If yes give your surname at the time of your enrolment: _____

Last year of attendance: _____ Matriculation Number (if known): _____

What is the name of the last educational institution that you attended as a student? _____
Type: School /College/ University (circle as appropriate)

Name: _____
Town/City: _____

Professional registration numbers (if applicable) e.g. GTCS identification number

Organisation: _____	Number: _____
Organisation: _____	Number: _____
Organisation: _____	Number: _____

NB: If you are not a qualified teacher currently working in an inclusive educational setting and/or if English is not your first language, you should send with your application supporting documents indicating that you meet the entry requirements. As each case is examined on an individual basis depending on the prospective applicant's background, you must contact the programme leader, Dr Lisa McAuliffe, via email to lisa.mcauliffe@uws.ac.uk prior to applying for advice on what documents to send.

2. PROGRAMME CHOICE(S)

You should check the website <http://www.uws.ac.uk/courses/pg-courseinfo.asp?courseid=695> and/or contact the programme leader, Dr Lisa McAuliffe, via email to lisa.mcauliffe@uws.ac.uk for an indication of module scheduling and codes.

Trimester (1 or 2 only)	Title and module code	Campus	Mode of Study	Full time/ Part time
		DL	ON	Part time
		DL	ON	Part time
		DL	ON	Part time
		DL	ON	Part time
		DL	ON	Part time
		DL	ON	Part time

KEY: D – Day, E – Evening, DL – Distance Learning, OL – Open Learning, ON – On line learning

3. QUALIFICATIONS

State the highest qualifications you hold or expect to hold prior to admission, and any other qualifications relevant to your application (eg teaching and/or CPD).

ACADEMIC AND PROFESSIONAL QUALIFICATIONS (continue on a separate sheet if necessary)

Title of award	Period of study		Name of institution
	From	To	

4. WORK EXPERIENCE

Please enter current and previous employer details over the last three years

Employer Name/Council	Job Title/Nature of Work	Dates of Employment: From/To

5. FEE DETAILS (Please do not enclose payment at this time)

Who is responsible for payment of your course fees?	Self	Other
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If Other then who (eg SAAS, LEA, Employer)

Name/Organisation

Address

Telephone

6. DISABILITY DISCLOSURE (Please circle the appropriate character)

No specific disability	0
You have a specific learning difficulty (for example dyslexia)	1
You are blind/partially sighted	2
You are deaf/ have hearing impairment	3
You are a wheelchair user/ have mobility difficulties	4
You require personal care support (please specify below)	5
You have mental health difficulties	6
You have an unseen disability, e.g. diabetes, epilepsy, asthma, or a heart condition	7
You have multiple disabilities	8
You have a disability not listed above	9
You have an autism spectrum disorder or asperger syndrome	T

Please provide details of any special or extra facilities or support you may require below:

7. CRIMINAL CONVICTIONS – see notes section

If you have a relevant criminal conviction enter **x** in the box. Please see notes for the definition of a relevant conviction.

8. PUBLICITY

Where did you find out about study opportunities at the University of the West of Scotland?

Source	Tick	Detail
Newspaper advert (please specify which newspaper)		
Website (please specify the website)		http://www.
Information event (please specify the event)		
Other (please specify)		

9. DECLARATION

I confirm that the information given on this form is true, complete and accurate and that no information requested or material information has been omitted. I give my consent to the processing of my data by the University of the West of Scotland. If any information provided is subsequently found to be false, I accept that the University has the right to cancel my application.

Applicant Signature:

Date:



FOR OFFICE USE ONLY

Course Code:

	BANNER ID No.	Date	Entered on BANNER	Passed to Advisor	Passed to School	Prior Credit Entered	Offer Made
Number							
Date/Inits		Initials					

Offer Details – please date and initial as appropriate.

	Unconditional	Conditional	Reject	Withdrawn
Date				
Initials				

Conditional offer details (please enter conditions in full)

Comments (including reasons for decisions)

Further information

Has applicant been interviewed? Not applicable
 Has work experience been considered? Not applicable
 Level of entry: Cert/Dip/MEd (circle as appropriate)

Checklist	
Copies of transcripts	
Copy of GTC Eligibility Cert	
Institution OK	
Qualifications comparable	
Other	

Start date: Month _____ Year _____

Notes Section: Further information is also available in the prospectus and on the School of Education's website <http://www.uws.ac.uk/schoolsdepts/education/cpd/index.asp>

Section 1:

We need details of previous names to make sure we do not create new records for a person whose details are already held in our systems. We may need a copy of documentary evidence of a change of name (you will be asked for this if necessary).

The information about the last educational institution you attended is required by the Higher Education Statistics Agency (HESA).

If you would like University correspondence to go to an address other than your permanent address please indicate this in the "Correspondence Address" section.

Professional registration numbers and employment details are required in order to check entitlement to enter relevant courses.

Section 2:

You should check the website <http://www.uws.ac.uk/courses/pg-courseinfo.asp?courseid=695> and/or contact us direct for an indication of module scheduling and codes.

Section 3 and 4:

Information about further/higher or professional qualifications already held, and work experience, enables the University to consider whether or not you meet any entry criteria that might apply.

Section 5:

Payment will be requested at a later date. We need to know from whom we should ask for payment. If you are being sponsored by an employer you will need to provide a letter (or purchase order number) from your employer to confirm this.

Section 6:

This information is asked for in order that the University can contact you to discuss any support needs, or reasonable adjustments that may be required in relation to your disability, during your lifetime of study. You are advised to contact the Enabling Support Team as soon as possible if you need support. Contact details can be obtained at <http://www.uws.ac.uk/schoolsdepts/specialneeds/index.asp> This information is also required by the Higher Education Statistics Agency (HESA) and to ensure that the University complies with the Special Educational Needs and Disability Act 2001 (SENDA).

Section 7:

Relevant criminal convictions are those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offences involving unlawful supplying of controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. If you tick yes to this box we will ask you for further information.

If you are applying for courses in teaching, health, social work and courses involving work with children or vulnerable adults you must tell us about any criminal convictions,

including spent convictions and cautions (including verbal cautions) and bindover orders. For these courses you may need an 'enhanced disclosure document' from the Scottish Criminal Record Office Disclosure Service. The University will send you the appropriate documents to fill in if necessary.

While this is a general question to which all applicants must respond, the University is aware that GTCS registration procedures will already have considered the position on criminal convictions of applicants who are GTCS registered teachers.

Section 8:

This information is requested so that we can monitor the effectiveness of publicity campaigns.

Section 9:

The declaration is required for a valid application.

Section 10: Ethnicity

The University of the West of Scotland recognises and values the benefits of a multicultural university, and is committed to ensuring that applicants are treated equally irrespective of race, colour, nationality, or ethnic origin. In order for the University to monitor the impact of policies, you are invited to assist by providing details of your ethnic origin. This information will not be available to anyone making a decision on your application.

IMPORTANT NOTE:

Please ensure you complete and return this section of the form. It will be detached from your main application form prior to referral to an Admissions Officer.

Surname: _____
Forename: _____

10. Ethnicity Which of the following best describes your ethnic origin?

Please circle the appropriate number in the list below:

11	White British
12	White - Irish
13	White - Scottish
14	Irish Traveller
15	White Welsh
19	Other White Background
21	Black British Caribbean
22	Black British African
29	Other Black background
31	Asian British - Indian
32	Asian British - Pakistani
33	Asian British - Bangladeshi
34	Chinese
39	Other Asian background
41	Mixed White & Black Caribbean
42	Mixed- White & Black African
43	Mixed - White & Asian
49	Other Mixed background
80	Other Ethnic background
90	Not known
98	Information refused
For office use:	Banner ID number: Entered (inits and date):