**SCHOOL OF SPORT, REHABILITATION AND EXERCISE SCIENCES**

**Postgraduate Module Application Form**

Please type or use **BLOCK** capitals to complete **ALL** sections of this form

| **1 – TITLE OF PROGRAMME** |  |
| --- | --- |
| Title and code of Module: |  |
| Campus: | Colchester |
| Start Date: |  |
| SE714 applicants only | Please state your preferred practical weekend: One [ ]  Two [ ]  |
| Module Level: | 7 |
| Number of Credits (please select) | 0 [ ]  15 [ ]  30 [ ]  60 [ ]  |

| **POSTGRADUATE PROGRAMMES (PG Certificates, PG Diplomas or MSc)** |
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| If you are applying for a part-time MSK Programme, please use the Postgraduate Programme application form via the [SRES CPD Page](https://www.essex.ac.uk/departments/sport-rehabilitation-and-exercise-sciences/cpd) |

| **2 - PERSONAL DETAILS**  |  |
| --- | --- |
| Surname/Family name (in BLOCK CAPITALS): |  |
| First Name/Other names in full:  | Title: |
| Former surname:  | Gender: |
| Place of Birth: *(if overseas, give Country, if UK, give County)* | Nationality (as on passport):  |
| Country of Permanent Residence:  | Date of Birth: |
| NMC/HCPC number: |  |
| **Home Address:****Post Code:** |  |
| Email address: | Telephone number: |
| **Employer’s name and address:****Post Code:** |  |
|  |  |

| **3 – PROPOSED SOURCE OF FUNDING** |
| --- |
| Health Education (East of England) [ ]  |
| Employer Funded (7592) [ ]  |
| Self-Funded (7596) [ ]  |
| Other (please specify) [ ]  |
| Has funding been approved? Yes [ ]  No [ ]  Provisional, subject to confirmation [ ]  |
| **If you have confirmed funding through your workplace, please complete section 3a** |

| **3a – FUNDING DETAILS** |  |
| --- | --- |
| Name and position of authorising member or staff (print name) |  |
| Signature of authorising member of staff (written or electronic) | Date |
| **Employer invoicing details will be requested prior to registration. Failure to provide invoicing details when requested could result in students being invoiced for the module fee.**  |  |

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| **4 – ACADEMIC QUALIFICATIONS** |

| **From** | **To** | **Awarding Institution** | **Course Title/Subject** | **Classification or Grade(s)** |
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| **5 – EMPLOYMENT HISTORY** (past and current – please start with most recent) |

| **Dates of Employment** | **Place of Employment** | **Position held / Duties involved** |
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| **CLINICAL PROFESSION** |  | **JOB TITLE** |
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| Physiotherapist |[ ]   |
| Sonographer |[ ]   |
| Nurse |[ ]   |
| Occupational Therapist |[ ]   |
| Other (please specify) |[ ]   |

| **6 – LANGUAGES –** if English is not your first language, please give English Qualifications and date obtained |
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| ***Provider (i.e., IELTS)*** | **Level** | **Date Obtained** |
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| **7 - HAVE YOU PREVIOUSLY STUDIED OR APPLIED TO STUDY AT THIS UNIVERSITY BEFORE?** |
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| **Studied**: Yes [ ]  No [ ] **Applied** Yes [ ]  No [ ]   |

**8 – DISABLED APPLICANTS AND APPLICANTS WITH INDIVIDUAL REQUIREMENTS**

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| Completion of this section will assist the University in understanding the needs and requirements of disabled students and allow us to work towards meeting our obligations under the Disability Equality Act |

|  |  |
| --- | --- |
| 00 [ ]  | No Disability |
| 08 [ ]  | Two or more impairments and/or long-term health conditions |
| 51 [ ]  | A specific learning difficulty such as dyslexia, dyspraxia, or AD(H)D |
| 53 [ ]  | A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder |
| 54 [ ]  | A long-term health condition such as cancer, HIV, diabetes, chronic heart disease, epilepsy |
| 55 [ ]  | A mental health condition, such as depression, schizophrenia, or anxiety disorder |
| 56 [ ]  | A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches |
| 57 [ ]  | Deaf or serious hearing impairment |
| 58 [ ]  | Blind or serious visual impairment uncorrected by glasses |
| 96 [ ]  | A disability, impairment or long-term health condition that is not listed above |
| 97 [ ]  | I do not wish to provide this information |

If you have a disability, medical condition, access requirement or individual need that means you may require extra support or specific facilities for accommodation, please briefly state your requirements:

|  |
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| **POSTGRADUATE MSK EDUCATION UPDATE:**  |
| **Please tick the box if you would like to receive this information** [ ]  |

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| **SOCIAL MEDIA** |
| **Please tick the box if you agree to having your image published on social media i.e. Twitter** [ ]  |

| Applicant’s signature (written or electronic): | Date: |
| --- | --- |

| Line Manager’s signature: | Date: |
| --- | --- |
| Print Name: |  |

| **Any other comments relevant to this application** |
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| **Where to return the form**  |
| --- |
| **Please return your completed form along with any supporting evidence via email to** **msk@essex.ac.uk** **Postal Address:** School of Sport, Rehabilitation and Exercise SciencesUniversity of EssexWivenhoe ParkColchesterEssex CO4 3SQ**Please note: As we are currently working remotely there may be a delay in receiving postal copies** |

**PRIVACY STATEMENT**

During the admissions process all information you supply to the University will adhere to the principles set out in its [Privacy Notice for Students](https://www.essex.ac.uk/student/my-essex/privacy-notice-students). This information is only disclosed within the University to members of staff who process your application and to contact you with information relevant to your application. This may include overseas members of staff if your application is made outside of the UK. Failure to provide required data may result in your application not being processed. Where required as part of this process, we will check the accuracy of your data against external sources (for example exam boards or reference providers) and may also confirm your data to other higher education institutions, government agencies or those acting on behalf of the government. If your application is successful and you register as a student, some or all of this information will form part of your student record. If you are unsuccessful in your application or you do not take up an offer of a place, data will be held on our systems for 8 years. If you want to withdraw your application at any stage, then please contact msk@essex.ac.uk