**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: |  |
| Cohort (SE714 only) |  |
| Module Level: | 7 |
| Number of Credits (please select) | 0  15  30  60 |

| **POSTGRADUATE PROGRAMMES (PG Certificates, PG Diplomas or MSc)** |
| --- |
| 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): |  |
| 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 |
| **We will email an invoice to your Employer, please provide your employer’s finance section details below.** |  |
| Contact Name: |  |
| Contact Email Address: |  |
| Contact Address: |  |
|  |  |
|  |  |
| Post Code: |  |
| Contact Telephone Number: |  |
| Purchase Order Number (if required): |  |
| If you have queries relating to funding, please email [msk@essex.ac.uk](mailto:msk@essex.ac.uk) |  |

**4 - ACADEMIC QUALIFICATIONS**

| **From** | **To** | **Awarding Institution** | **Course Title/Subject** | **Classification or Grade(s)** |
| --- | --- | --- | --- | --- |
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**5 - EMPLOYMENT HISTORY** (past and current)

| **Dates of Employment** | **Place of Employment** | **Position held / Duties involved** |
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| **Clinical Profession** |  | **Job Title** |
| --- | --- | --- |
| Physiotherapist |  |  |
| Sonographer |  |  |
| Nurse |  |  |
| Other |  |  |

| **6 - HAVE YOU PREVIOUSLY STUDIED OR APPLIED TO STUDY AT THIS UNIVERSITY BEFORE?** |
| --- |
| **Studied**: Yes  No  **Applied** Yes  No |
| **POSTGRADUATE MSK EDUCATION UPDATE: please tick the box if you do not want to receive this information** |

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

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

| **Any other comments relevant to this application** |
| --- |
|  |

| **Where to return the form** |
| --- |
| **Please return your completed form along with any supporting evidence via email to** [**msk@essex.ac.uk**](mailto:msk@essex.ac.uk)  **Postal Address:**  School of Sport, Rehabilitation and Exercise Sciences  University of Essex  Wivenhoe Park  Colchester  Essex CO4 3SQ  **Please note: As we are currently working remotely there may be a delay in receiving postal copies** |

| **EQUAL OPPORTUNITIES** |
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| This form will be detached – Please complete and return it with your application.  The information you provide will be held on database and will only be used for statistical analysis by HESA and certain other bodies that deal with the funding of education  Thank you |

| **PERSONAL DETAILS** |  |
| --- | --- |
| Last Name: | Title: |
| First Name(s) (for official purposes) | Preferred first name: |
| Date of Birth: | Gender: |
| Your Nationality |  |

| **Your Ethnicity (please tick)** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White British | 11 | Asian or Asian British – Indian | 31 | Mixed – White and Black African | 42 |
| White Irish | 12 | Asian or Asian British – Pakistani | 32 | Mixed – White and Asian | 43 |
| Other White background | 19 | Asian or Asian British – Bangladeshi | 33 | Other Mixed background | 49 |
| Black or Black British – Caribbean | 21 | Chinese | 34 | Other Ethnic background | 80 |
| Black or Black British – Asian | 22 | Other Asian Background | 39 | Prefer not to say | 98 |
| Other Black background | 29 | Mixed – White and Black Caribbean | 41 |  |  |

| **Disability (please select any which you consider apply to you)** |
| --- |
| In addition to providing information for HESA, completion of this section will assist the University in understanding the needs and requirements of disable staff 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 |