

School of Sport, Rehabilitation & Exercise Sciences Postgraduate Modular Programme Application Form

1. Title of Programme

Please indicate which programme or course you are applying for by ticking the appropriate box.

If the programme you wish to apply for is not listed on this page, please contact the School for advice – some programmes offered have separate application forms.

If applying for a full-time programme, please make an application online at:

<https://www.essex.ac.uk/pgapply/enter.aspx>

Title of award	Also select level of award	Level of award
<input type="checkbox"/> Musculoskeletal Ultrasound Imaging <input type="checkbox"/> Advanced Musculoskeletal Assessment and Practice <input type="checkbox"/> Health Care Practice <input type="checkbox"/> Professional Practice <input type="checkbox"/> Professional Practice (Leadership) <input type="checkbox"/> Professional Practice (Education) <input type="checkbox"/> Medical and Clinical Education		<input type="checkbox"/> MSc/Masters <input type="checkbox"/> PG Diploma <input type="checkbox"/> PG Certificate

1. Postgraduate Taught Modular Programmes

These are part-time, modular programmes.

Period of study to begin October/January/April 20

2. Personal Details

Surname/Family name (in BLOCK capitals)

Other names in full

Former Surname

Title (Mr/Mrs/Miss/Ms/Dr) NMC/HCPC number (if applicable)

Male/Female

Date of birth

Nationality Place of birth (Country if overseas nationality, County if UK nationality)

Country of Origin Country of Permanent Residence

Home address:

Post code

Telephone number . Email address

Employment Details

Professional Category

Clinical profession		Please give job title
Nursing / Midwifery	<input type="checkbox"/>	
Allied Health Professional	<input type="checkbox"/>	
Health Care Scientist	<input type="checkbox"/>	
Dentist / Oral Health	<input type="checkbox"/>	
Other clinical profession	<input type="checkbox"/>	
Social Worker	<input type="checkbox"/>	
Other Non-clinical profession	<input type="checkbox"/>	

Work address

Post code

3. Academic qualifications (if applicable)

Give full details, **with supporting evidence such as copies of certificates**, of qualifications including final classification/grade(s).

Dates		College/University	Course Title/Subject	Classification or grade(s)	Date Awarded
From	To				

4. Employment History (past and current)

Dates		Place of employment	Position held / duties involved
From	To		

5. Languages

If English is not your first language, please give English qualifications (for example TOEFL or IELTS) and level and date obtained:

6. Fees Classification

Permanent Residence

UK EU Country: Outside EU Country

If you are already following a course in the UK, please indicate how you have been classified for fees purposes:

Home Student European Union Student Overseas Student

Is the length of your stay in the UK currently limited by immigration control? If yes, give details

If you were born in the UK or EU but are working temporarily outside the EU, please give dates, countries and occupations

7. Source of finance

Proposed source of finance:

Health Education (East of England) Employer Funded Self-Funded

Other (please specify)

Has this funding been approved? Yes No

If you have confirmed funding through your workplace, please complete this section:

Name and position of authorising member of staff (print name):

Signature of authorising member of staff: Date:

.....

If you require an invoice for your fees to be sent to your employer, please give contact details and address below:

If you have any queries relating to funding, please e-mail imount@essex.ac.uk**8. Disabled applicants and applicants with individual requirements**

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 (can be continued on additional paper).

9. Essential courses

Is there any course or module that is essential to your plans to study at Essex? If so, please give details so that we can notify you if it will not be available (maximum 2 courses):

10. References

Please give the names and addresses of two people who are familiar with your work and who have agreed to provide references. In order to save time, applicants are asked to pass on the two enclosed letters to the referees of their choice.

<p>(1) Name: Address: e-mail address: Relationship to you:</p>	<p>(2) Name: Address: e-mail address: Relationship to you:</p>
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11. Have you applied to study at this University before? If so, please give details

12. How did you find out about the course?

Applicant's signature Date.....

*Line Manager's signature..... Date.....

*Print Name

DBS complete and verified by Employer **Yes/No**

I confirm that this applicant is of good health and character **Yes/No**

Please return the completed form with supporting evidence to:

<p>Ian Mounteney School of Sport, Rehabilitation & Exercise Sciences, University of Essex, Wivenhoe Park, Colchester Essex CO4 3SQ</p>	<p>Telephone:01206 873348 E-mail: imount@essex.ac.uk or sres@essex.ac.uk</p>
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Data Protection Act 1998

The University of Essex has a notification under the Data Protection Act 1998 to enable it to hold and process personal data about its students for the purposes of maintaining their academic and related records. The information supplied on this form will be held under the terms of the Act; it will be kept secure and accurate and will only be disclosed to people who have a need to know in accordance with the Act. *Your attendance and Examination Board ratified module marks will be shared with your sponsoring Trust. If you do not wish this to happen, you are responsible for asking your line manager to communicate with the School to this effect.*

Please note that the information on this application form is required for registration purposes only.

EQUAL OPPORTUNITIES

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 (eg. Mr, Mrs, Ms)

First name(s) (for official purposes) Preferred first name

Date of birth

Gender *delete as necessary MALE / FEMALE *

Your **Nationality**

Your **Ethnicity** (please tick):

White

- White British 11
- White Irish 12
- Other White Background 19

Black or Black British

- Black or Black British - Caribbean 21
- Black or Black British - African 22
- Other Black background 29

Chinese

Chinese 34

Other Ethnic (please describe)

Other Ethnic background 80

Asian or Asian British

- Asian or Asian British - Indian 31
- Asian or Asian British - Pakistani 32
- Asian or Asian British - Bangladeshi 33
- Other Asian background 39

Mixed

- Mixed - White and Black Caribbean 41
- Mixed - White and Black African 42
- Mixed - White and Asian 43
- Other Mixed background 49

I do not wish to disclose my ethnicity 98

Description

Disability (please tick 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 disabled staff and also allow us to work towards meeting our obligations under the Disability Equality Duty.

- 00 No known disability
- 51 Specific learning disability (such as dyslexia or dyspraxia)
- 52 General learning disability (such as Down's syndrome)
- 53 Cognitive impairment (such as autistic spectrum disorder or resulting from head injury)
- 54 Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- 55 Mental health condition (such as depression or schizophrenia)
- 56 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
- 96 Other type of disability
- 97 I do not wish to provide this information