

Solely for applications not handled by the Universities and Colleges Admissions Service (UCAS) or other clearing houses.

Please read the accompanying Notes for Guidance before completing this form

OFFICE USE ONLY	Student ID
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Have you been a student at this institution before? Yes No

1. Personal details		Title	
Mrs/Mr/Ms/Miss/Dr			
Surname/Family Name (BLOCK CAPITALS)			
Forename (s)			
Previous surname, if changed			
Sex M/F	Date of birth	Day	Months
Age on 31 December in year of entry			
		Years	Months
2. Fee status			
Country of permanent residence			
Nationality			
Applicants not born in the European Union, please state:			
Date of first entry to live in the UK			
3. Ethnicity			
Please tick the box which most closely describes your ethnic origin.			
White		Asian or Asian British	
British	<input type="checkbox"/> (11)	Indian	<input type="checkbox"/> (31)
Irish	<input type="checkbox"/> (12)	Pakistani	<input type="checkbox"/> (32)
Other white background	<input type="checkbox"/> (19)	Bangladeshi	<input type="checkbox"/> (33)
		Chinese	<input type="checkbox"/> (34)
		Other Asian background	<input type="checkbox"/> (39)
Black or Black British		Mixed	
Caribbean	<input type="checkbox"/> (21)	White & Black Caribbean	<input type="checkbox"/> (41)
African	<input type="checkbox"/> (22)	White & Black African	<input type="checkbox"/> (42)
Other black background	<input type="checkbox"/> (29)	White & Asian	<input type="checkbox"/> (43)
		Other mixed background	<input type="checkbox"/> (49)
Information refused	<input type="checkbox"/> (98)	Other ethnic background	<input type="checkbox"/> (80)
4. Source (Please tell us how you heard about Bucks New University)			
Payment of fees			
Who is expected to pay your fees? (e.g. Research Council, LEA, yourself, family member, employer, other)			

5. Disability	
Dyslexia	<input type="checkbox"/> (01) Personal support needed <input type="checkbox"/> (05)
Blind/partially sighted	<input type="checkbox"/> (02) Mental health difficulties <input type="checkbox"/> (06)
Deaf/hearing impairment	<input type="checkbox"/> (03) Unseen disability (e.g. asthma) <input type="checkbox"/> (07)
Wheelchair user/mobility difficulties	<input type="checkbox"/> (04) Multiple disabilities <input type="checkbox"/> (08)
Disability not listed above	<input type="checkbox"/> (09)
Please specify	

6. Correspondence address	
Postcode	
Tel No (incl STD code)	
Evening (if different)	
Student Contact No./Mobile	
Email	

Permanent Home address (if different)	
Postcode	
Tel No (incl STD code)	
Evening (if different)	
Student Contact No./Mobile	
Email	

7. Details of course (s) to which you wish to apply	
Course Name	
Year of Entry e.g. 2003	
Year e.g. 1, 2, 3	
Mode of Study (Please tick the one you require)	
Full Time <input type="checkbox"/>	Sandwich <input type="checkbox"/>
Part Time <input type="checkbox"/>	Distance Learning <input type="checkbox"/>

8. Work experience / Occupation
Give details of work experience, training and employment. Continue on a separate sheet if necessary.

Job Title Nature of work/training	Name of organisation	From Month	Year	To Month	Year	FT or PT

9. Last educational establishment attended if applicable

Give details of work experience, training and employment. Continue on a separate sheet if necessary.

Job Title Nature of work/training	From Month	Year	To Month	Year	FT or PT

10. Academic qualifications

Summary of qualifications held on application. Please tick highest qualification held.

- | | |
|---|---|
| <input type="checkbox"/> Mature Student | <input type="checkbox"/> First Degree |
| <input type="checkbox"/> GCSE/GCE/CSE | <input type="checkbox"/> Postgraduate Certificate |
| <input type="checkbox"/> National Certificate/Diploma | <input type="checkbox"/> Postgraduate Diploma |
| <input type="checkbox"/> HNC/HND | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Recognised Access Course | <input type="checkbox"/> Professional Qualifications |
| Other – please specify | <input type="checkbox"/> English Language Qualification (please state e.g. IELTS) |

11. Examinations - please put most recent/relevant qualifications

Level, e.g. GCSE, A HND, degree or professional qualifications	Subject	Date Month	Year	Place of study	Results (grades or bands)	Credit Points (if applicable)

12. Name and address of Referee(s)

1. Name	2. Name
Address	Address
Tel Number	Tel Number
Email	Email

13. How did you hear about this training?

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14. Further information supporting your application continue on a separate sheet if necessary. Please answer the following questions:

1) Please tell us about any significant bereavement that you have experienced.

2) Please tell us how this course will support or enhance your current work.

3) What is your interest in supporting children who are bereaved?

4) What is your interest in this particular training?

5) What professional experience, skills and qualities could you bring to the training group?

6) What support do you have in place to enable you to meet the demands (commitment, written work and emotional availability) of this training

7) Once your training is completed what support mechanisms do you have in place that will enable you to put your new skills and knowledge into practice.

15. Declaration of commitment:

Name:	
I can confirm that I am able to attend ALL course dates including the selection interview (please tick)	

16. Criminal Convictions – Do you have any criminal convictions? Tick as appropriate
(Please consult Notes for Guidance before completing this section)

Yes

No

17. Declaration:

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I have read the instructions, in particular those relating to this section. I understand what it says, and I agree to abide by the conditions set out there, which I accept as conditions of this application.

I agree to Buckinghamshire Chilterns University College processing personal data contained in this form in accordance with the Data Protection Act 1998.

Applicant's Signature

Tel No.

18. Please return the form to:

**Owen Lord
Marketing & Recruitment
Bucks New University
106 Oxford Road
Uxbridge
Middlesex
UB8 1NA**

Owen.lord@bucks.ac.uk

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