Application for Admission to an Undergraduate/Postgraduate Programme



Please use BLOCK CAPITALS throughout	Application No:		
PERSONAL DETAILS			
Title Dr/Mr/Mrs/Miss/Ms:	APPLICATION FOR ADMISSION TO: (Please tick as appropriate)		
Surname/Family name:			
Forenames:	☐ POSTGRADUATE PROGRAMME		
Correspondence Address:	☐ Undergraduate programme		
	MODE OF STUDY:		
	☐ FULL TIME		
Post Code	☐ Part-time		
Tel No: (please include international code if applicable)	DISTANCE/OPEN LEARNING		
	ACCREDITATION OF PRIOR LEARNING		
Fax No:	Do you wish to APPLY FOR APL? (Please tick box if YES)		
Email Address:	Day Month Year		
Home Address: (if different from above)	Date of Birth:		
	Nationality		
	•		
Post Code:	Area of permanent residence:		
Tel No: (please include international code if applicable)	Country of birth: If you were born outside the UK, but now live in the UK, please give date when you began living here permanently.		
Mobile No:			
FIRST PROGRAMME CHOICE a) i) Title of programme:	Do you have any disabilities or special needs? Yes D No Please give brief details:		
ii) Intended Award eg BA, PG Diploma etc:	Do you have any unspent* criminal convictions, exclude		
b) Intended start date:	motoring offences? Yes \square No \square		
c) Is this application for first year entry of course?	*If you are applying for a course in teaching, health, social		
If NO please specify year:	work or a course which involves working with children or vulnerable adults, you must tell us about any criminal convictions, including spent sentences and cautions		
COMBINED SUBJECT PROGRAMMES ONLY	(including verbal cautions) and bindover orders. For these courses you may need an 'enhanced disclosure document' from the Criminal Records Bureau or the Scottish Criminal Record Office Disclosure Service. If you have any criminal convictions to declare, please send details on a separate sheet of paper.		
d) i) Subjects to be studied:			
ii) Alternative choice of subjects:			
FOR PG CAMS ONLY Name of Programme Leader (see prospectus):			
ALTERNATIVE PROGRAMME CHOICE (if appropriate): Subject choice (if appropriate):			

ACADEMIC/PROFESSIONAL/VOCATIONAL QUALIFICATIONS

 a) All examinations or assessments for which results are known (Applicants with no formal qualifications, please complete Sections 4 and 5)

Award Month		Name of Establishment	Awarding Body	Subject/unit/module/component	Level	Result/grade/score or band
	b) Exa	aminations or assessme	nts to be comple	eted, or results pending		
	Date Year	Name of Establishment	Awarding Body	Subject/unit/module/component	Level	Title of examination
	_	your first language? ate English language qualific	Yes ation eg TOEFL/IEL	No TS or equivalent:		
c) Plea Chai	se detail membership o rtered Institute of Mana	f any professiona gement Account	l bodies eg Institute of Personi tants (CIMA) etc	nel Manag	gement (IPM),

Pos	sition	Dates From	То	Brief description of responsibilities
If you are (currently in employment	and applying	for a course	e please supply name and address of sponsor if applicable.
Name:	carrenaly in employment	and applying	, ror a course	Position:
Address				
sup hov	port of your application wyou would benefit fron	including pro n it.You may	evious areas also include	CATION. You are invited to use this opportunity to provide information in of study, areas of research, reasons for applying for this programme and non-academic aspects of your experience, including hobbies/interests, inity work, parenting etc.
•				(a continuation sheet can be used
I declare that the Universit	t, to the best of my knov ty of Derby.	vledge, the in	nformation g	iven in this form is correct. I give my consent to the processing of my data by
Signature:				Date:

WORK HISTORY - State in date order (most recent first) details of your work history, paid or unpaid, which you believe

NOTE: Applicants should now forward this completed form, including transcripts of completed courses to their Referee for completion (if applicable), with a stamped envelope addressed to the Admissions Officer at the campus your course is based at (see page 4 for campus details.)

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6 REFERENCE (* this would norm;	(This is required for all courses, unless otherwise stipulated. For nally come from your FE/HE course tutor etc.)	those who have been in continuous education
	,,	
Name of Referee:	Telepi	hone number:
Position/Occupation:		
	chool/FE/HE Institution/Employer:	
ivallie and address of sc	CHOOKFE/THE ITSULUCION/EMPLOYER.	
When you w	write personal comments about an applicant, please remember t	hat under the Data Protection Act.
the applica	ant can ask for a copy of the reference and other personal infor	mation that we have about them.
C:	D :	