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| Faculty of Health, Education and Life Sciences **School of Health Sciences** Department of Speech and Language and Rehabilitation Work |  |

**FdSc Rehabilitation Work (Visual Impairment)**

**& Rehabilitation Worker VI Apprenticeship**

**Application Form**

Please type your responses into this form in the spaces provided. See the end of the form for full submission instructions.

**Applicant’s Full Name:**

**Date application submitted:**

***Confidentiality***

This form requests a significant amount of personal information. This is required so that we can decide on your suitability for the course you are applying for. The information you provide will be used for this purpose and monitoring of equal opportunities only. It will be treated in confidence and will only be seen by those whose jobs require them to do so. Do not leave any entries blank, or the form may not be processed.

**You are strongly advised to read “Guidance for Applicants” before completing this form.**

**Course applied for**

FdSc in Rehabilitation Work (Visual Impairment) YES / NO

Rehabilitation Worker Visual Impairment Apprenticeship YES / NO

(The FdSc course provides the training for the apprenticeship. The apprenticeship is a funding route where the employer uses their apprenticeship levy to pay for the course fees).

Proposed Start Date:

**Personal Details**

Title: Mr/Ms/Miss/Mrs etc.:

Surname/Family name:

Maiden or any other name(s) that you have been known by:

First name(s):

Gender: (*type Male or Female*):

Date of birth:

Permanent Address:

Post code:

Correspondence address: *(if different):*

Post code:

Daytime telephone:

Mobile:

Evening telephone: *(if different)*:

E-mail address:

(Please ensure this email address can link to Microsoft Teams for your selection interview)

Nationality:

If not born in the UK please state date of arrival to UK:

Have you ever studied at Birmingham City University before? *(Type Yes or No):*

**Disability/special needs *(please delete where not applicable)***The information you provide will be treated confidentially and will not affect judgements concerning your academic suitability for a course.

00: I do not have a disability nor am I aware of any additional support requirements in study

02: I am blind / partially sighted

03: I am deaf / have a hearing impairment

04: I am a wheelchair user / have mobility difficulties

05: I need personal care support

06: I have mental health difficulties

07: I have an unseen disability *e.g. diabetes, epilepsy, asthma, ME etc*

08: I have two or more of the above disabilities / special needs

10: I have an Autistic Spectrum Disorder (ASD)

11: I have a Specific Learning Difficulty *e.g. dyslexia*

96: I have a disability not listed above, *please specify \**

*\**  
97 I do not wish to complete

Do you use any particular assistive technology or software to access a PC? *(If you tell us what this is, we can try to provide a similar option on campus).*

**Course fees:**

Please indicate who will be responsible for paying your course fees (please delete as applicable):

Self/Student finance: YES/NO

(If you intend to apply for student finance please complete this process as soon as possible).

If employer funded please delete as appropriate:

FULL funding YES / NO

Rehab Worker Apprenticeship YES / NO

(England only via employers levy fund)

Note:

* Sponsorship by employer: If your employer is responsible for paying your fees they will need to provide a sponsor letter on headed paper indicating where the invoice is to be sent. You will need to upload this letter as part of your online enrolment, Otherwise the student is liable for the full course fees. Apprentices do not need to do this.
* Apprenticeship: For Rehabilitation Work Apprentices only:

Please provide the contact details for the key apprenticeship lead at your organisation. We will need to liaise with this person before the start of term.

Name:

Position:

Organisation name:

Address:

Postcode:

Telephone:

Email:

**Academic qualifications**

Applicants should list all subjects taken, whatever the result, in reverse chronological order (i.e. most recent first). If you are awaiting the result of nay examination please indicate date in the result column.

NB Only include qualifications for which you can provide evidence of achievement.

*(Copy the following lines as many times as you need them)*

Name of Qualification

Subject / Unit:

From (Year):

To (Year):

Place of study:

Results (grade or band):

Level or CATS points (if applicable):

If you are an overseas student please include your IELTS/TOEFL results below:

IELTS overall band score:

TOEFL score: paper/computer based (please delete as appropriate)

**Employment and work experience**

Please give details of employment, training and work experience, in reverse chronological order, i.e. most recent first.

*(Copy the following lines as many times as you need them)*

Name of job or training:

Name of organisation:

Full-time or part-time:

From (Month / Year):

To (Month / Year):

**Criminal convictions declaration**

Do you have any criminal convictions or cautions? Yes / No

If you have answered “yes” to the above please contact the Admissions Tutor.

**Your Referee - We require ONE Reference.**

**Please note that we are unable to process your application until completed reference form is returned to Birmingham City University. Please download the reference form template and send it to your referee.**

**Name:**

Address:

Post Code:

Telephone:

Fax:

Email:

We prefer a reference to be submitted as attachments via email sent by your referee. If your referee is unable to do this please contact the Admissions Office for guidance – see below.

**Suitability for this course**

*Please read the guidance notes under the heading “Suitability for this course” before completing this section.*

Do you believe your own level of independence is appropriate to undertake this course? Do you also understand that you will be expected to be competent to assess risk while learning to teach others on the course and on placement? *(Type Yes or No)*:

**Supporting Statement**To support your application, please respond to the questions below using the headings provided (400-700 words in total):

* Explain how you will meet the study requirements of the course at 1st year undergraduate level
* Describe your understanding of the role of Rehabilitation Workers
* Explain, with examples, your experience of working with people in a caring or learning setting
* Comment on your understanding of diversity and discrimination
* Describe, with examples, three key personal qualities you will bring to the course.

**Declaration**

I confirm that the information given on this form is true, complete and accurate and that none of the information requested or other material information has been omitted. I accept that if it is discovered that I have supplied false, inaccurate or misleading information, Birmingham City University reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the University and I shall have no claim against Birmingham City University in relation thereto.

Applicant’s Name:

Date:

**Availability for Applicant Selection days**

Please indicate below your availability for the course selection days:

(Delete as appropriate)

**Monday 11th April 2022 at BCU with MS Teams interview on 13th April**

**Monday 23rd May 2022 at BCU with MS Teams interview on 25th May**

All apprentice applications must be received by 16th May 2022 to allow time for time for the online apprenticeship on-boarding system. However, please be reminded that places are offered on a first come basis.

This is a direct entry course and offers for places will be made following each selection day. Places are limited.

**Please indicate how you heard about the course *(please insert “Yes” against your chosen answer)***

Advertisement *(state publication)*:

Careers Service:

Colleague/Friend:

Current Student:

Direct Mail:

Employer:

Rehabilitation worker:

RNIB:

Previous Student:

Professional Association:

Birmingham City University website:

Other *(please specify)*:

**Equal Opportunities Monitoring *(please type yes against your chosen answer):***

Name:

Date of Birth:

As part of its equal opportunities policy, Birmingham City University carries out regular monitoring of applications and student enrolments by gender, ethnic origin and disability. Providing information on ethnic origin is voluntary, but we hope you will agree to do so to help us to monitor our equal opportunities policy. This information will not be given to the admissions tutors who make decisions about your eligibility for the course.

**Ethnic Origin:**

10: White;

21: Black or Black British - Caribbean;

22: Black or Black British - African;

29: Other black background;

31: Asian or Asian British – Indian;

32: Asian or Asian British – Pakistani;

33: Asian or Asian British – Bangladeshi;

34: Chinese;

39: Other Asian background;

41: Mixed – White and Black Caribbean;

42: Mixed – White and Black African;

43: Mixed White and Asian;

49: Other mixed background;

80: Other ethnic background;

98: Do not wish to provide information;

**How to submit your application form**

**Title your application form document attachment as follows:**

**Your full name application form FdSc Rehabilitation Work date**

**For example:**

**David Adams Application Form FdSc Rehabilitation Work Feb 10 2014**

Send your application form as an email attachment to:

[alliedhealth.admissions@bcu.ac.uk](mailto:alliedhealth.admissions@bcu.ac.uk)

Insert into subject field in the email:

“Your name FdSc Rehab Work application”

Please Cc your email to the email address below:

[rehabadmissionsquery@bcu.ac.uk](mailto:rehabadmissionsquery@bcu.ac.uk)

Any queries please email:

[rehabadmissionsquery@bcu.ac.uk](mailto:rehabadmissionsquery@bcu.ac.uk)

Or contact Peter Cooke on 0121 202 4223

Or Health Admission on 0121 331 5500

This is the end of the document