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| Faculty of Health Education and Life Sciences **School of Allied and Public Health Professions** Department of Speech and Language and Visual Rehabilitation | cid:image002.jpg@01D0E96A.669FD3A0 |

**BSc (Hons) Specialist Complex Needs Rehabilitation Work (Visual Impairment) – Top Up Course**

**Application Form**

Please use a word processor to type your answers into this form in the spaces provided. The spaces will expand to accommodate longer answers. 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**

**One Year full time option YES/NO**

BSc (Hons) Specialist Complex Needs Rehabilitation Work (Visual Impairment)

**Two Year part time option YES/NO**

BSc (Hons) Specialist Complex Needs Rehabilitation Work (Visual Impairment)

**Individual Modules YES/NO**

**(Please delete as appropriate and leave the modules you wish to study)**

Dementia and Mental Health – Single module

Specialist Professional Skills & Evidence Based Practice – Double module

Specialist Deafblind Assessment and Service Provision – Double module

Learning Disability & Autism – Single Module

NB: Learning on this course is via a flexible and distributed learning model of study. See course details for more information.

**Personal Details**

Title:

Surname:

First name:

Gender:

Date of Birth:

Permanent Address:

Post code:

Correspondence address: *(if different):*

Post code:

Daytime telephone:

Mobile:

Evening telephone:

Email:

Nationality:

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

Have you ever studied at Birmingham City University before?

**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).*

**Academic qualifications**

Applicants should list all subjects taken, whatever the result, in reverse chronological order (ie 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)

**Current Employment or Work Experience (if applicable):**

Employer:

Work location: Job title:

Work telephone number:

Work email address:

Please specify full or part time work:

**Criminal convictions declaration**

Do you have any criminal convictions or cautions?

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

**Referees** (One required)

**Please note that we are unable to process your application until completed reference forms are returned to Birmingham City University. In addition, please forward the reference template to your chosen referees who then forward the completed reference to our admissions department.**

**Name:**

Address:

Post Code:

Telephone:

Email:

We prefer references to be submitted as attachments via email. If your referees are unable to do this please contact the Admissions Office for guidance – see below. Please send an electronic copy of the ReferenceForm to the above to complete.

**Supporting Statement:**

Please respond to the questions below and insert your responses under each heading. (no more than 600 words please).

* **What are your reasons for choosing the course and what are your career goals? What do wish to gain from the course?**
* **What professional career experience will you bring to the course?**
* **How do you plan to manage attendance for teaching days at University and personal study time alongside your work and other life commitments?**

**Course fees:**

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

Self/Student finance: YES/NO

Employer: YES/NO

If employer funded please specify:

FULL funding/PART funding (please indicate funding split)

Please provide the name and address of your sponsor below:

Organisation/sponsor name:

Address:

Tel:

Note: 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. This letter will be required at enrolment during your first week NOT in advance with this application. Otherwise the student is liable for the full course fees.

**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:

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

Advertisement *(state publication)*:

Careers Service:

Colleague/Friend:

Current Student:

Email promotion:

Employer:

Rehabilitation Worker:

National Rehab Work Seminar:

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 our regular monitoring of applications and student enrolments by gender, ethnic origin and disability. Provision of information on ethnic origin is voluntary, but we hope you will agree to provide it to assist us to monitor our equal opportunities policy. This information will not be given to the admissions tutors involved in making 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 BSc Rehabilitation Work date**

**For example:**

**David Adams Application Form BSc Rehabilitation Work Nov 10 2015**

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:

“BSc Rehabilitation Work application form”

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, Senior Lecturer/Admissions Tutor on:

0121 202 4223 or email: [peter.cooke@bcu.ac.uk](mailto:peter.cooke@bcu.ac.uk)

Or Health Admission on 0121 331 5500

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