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| **Accredited Short Course Application Form** |
| * We recommend that you download and save this file, before completing, to ensure that any changes are saved. * Please read the guidance note found at the end of this application form. * Any errors or omissions may delay your application. * If completing by hand, please write in **BLOCK** capitals using black ink. * Please complete **ALL** sections. |

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| **SECTION A: Course Details** | | | | | | | |
| **Course Name** |  | | | | | | |
| **Start Date** | m | m | y | y | y | y |

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| **SECTION B: Personal Details** | | | | | | | | | | | | | |
| **Title** |  | | | | **Family Name** |  | | | | | | | |
| **First Name** |  | | | | **Middle Name(s)** |  | | | | | | | |
| **Preferred Name** |  | | | | | | | | | | | | |
| **Gender** | **Male** |  | **Female** |  | **Date of Birth** | d | d | m | m | y | y | y | y |

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| **SECTION C: Contact Information** | | | | | | | | | | | | | | | |
| **Home Address** | | | | | | | | **Correspondence Address** (*if different*) | | | | | | | |
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| **Postal/Zip Code** |  |  |  |  |  |  |  | **Postal/Zip Code** |  |  |  |  |  |  |  |
| **Country** |  | | | | | | | **Country** |  | | | | | | |
| **Home Phone No.** |  | | | | | | | **Mobile Phone No.** |  | | | | | | |
| **Email Address** |  | | | | | | | | | | | | | | |

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| **SECTION D: Nationality** | | | | | | | | | | | | | |
| **Country of Birth** |  | | | | | | | | | | | | |
| **Country of Nationality** |  | | | | | | | | | | | | |
| **If you are not a UK or EU citizen, but you are currently living in the UK, do you have indefinite leave to remain status (which has been entered into your passport?)** | | | | | **Yes** | | |  | | **No** | |  | |
| **If yes, please provide the date it was granted** | | d | d | m | | m | y | | y | | y | | y |

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| **SECTION E: Qualifications** (relevant to this application/course of study) | | | |
| **Name of Qualification** | **Awarding Institution** | **Date Completed** | **Result/Grade** |
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| **SECTION F: Employment** (relevant to this application/course of study) | | | |
| **Role / Job Title** | **Employer** | **Start Date** | **End Date** |
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| **SECTION G: Personal Statement** |
| Please use this section to submit a brief personal statement explaining your motivation to enrol onto this course. You may wish to consider the following:   * What relevant academic, research or practical/clinical experience do you have? * Why are you applying for this particular course? * Which areas of study within the course interest you most?   *Please complete in the box below, if required, it will run onto a new page automatically.* |
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| **SECTION H: Funding / Course Fees** | | | | | |
| **Please select the funding option that you intend to use:** | | | | | |
| Self-Funding |  | Employer |  | Other (specify): |  |

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| **Once a place has been offered, an invoice will be issued with full details of how to pay. A minimum payment (50% of course fee) must be received in order to secure a place on this course. The balance will be required 6 weeks before the end of the course.** | | | | | | | | | | | | | |
| **Total course fee (£)** |  | | | | | | | **Please select a payment option:** | | | | | |
| **Option A** (payment in full) | | | | |  |
| **Option B** (50% deposit) | | | | |  |
| **To whom should the invoice be addressed?** | | | | | | | | | | | | | |
| **You at your home address?** | | | | |  | | | **You at your correspondence address?** | | | | |  |
| **Other – please provide details below:** | | | | | | | | | | | | | |
| **Name of Contact Person** | |  | | | | | | | | | | | |
| **Organisation (if applicable)** | |  | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | |
| **Postal / Zip Code** | |  |  |  | |  |  | |  |  | **Country** |  | |
| **Email Address** | |  | | | | | | | | | | | |
| **Contact Number** | |  | | | | | | | | | | | |

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| **SECTION I: How did you hear about this course?** |
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| **SECTION J: Data Protection and Permissions** | | | |
| Information collected on this form will be held in accordance with the provisions of the Data Protection Act 1998 for the purposes of processing your application for student administration. It will be held securely and not passed onto any third parties. | | | |
| The Higher Education Statistics Agency (HESA) uses some of the information on this form for statistical analysis as a condition of funding for the academic institution. HESA is registered under the Data Protection Act. The personal information you give will not affect your application, and will only be sent to HESA if your application is successful. | | | |
| Periodically, we may wish to send you information about future courses and activities related your area of study / employment. **If you do not wish to receive such information, please check the following boxes.** | | | |
| I **do not** wish to receive information on future courses by post. |  | I **do not** wish to receive information on future courses by email. |  |
| I hereby grant The Academy of Professional Development (and their partners) the right and permission to take, hold, use and publish photographs and video recordings in which I appear in printed or electronic media, including the internet, for advertising and promotion of its educational activities. I understand that if I no longer want a photograph in which I appear to be used, I can contact [marketing@academyprodev.com](mailto:marketing@academyprodev.com) to request that it be removed. However, I accept that it may not always be possible to remove all existing copies from circulation (i.e. print material). | | | |

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| **SECTION K: Declarations** | | | | | | | | | | |
| I confirm that I have read the course information (print and online) in detail and that I meet the requirements to study the proposed course. I also confirm that I have a working knowledge of how to email, the internet and word processing software. | | | | | | | | | | |
| I confirm that I have enclosed with this application form all the required supporting materials specified in the application guidance (e.g. curriculum vitae). | | | | | | | | | | |
| Lastly, I confirm that the information I have given in this application is, to the best of my knowledge, complete and accurate and that I have read and understand the Terms and Conditions associated with this course. | | | | | | | | | | |
| **Signature** |  | | | | | | | | | |
| **Print Name** |  | **Date** | d | d | m | m | y | y | y | y |

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| **SECTION L: Ethnic Background** | | | |
| The awarding institution is required under statute to seek and return information about the ethnic background of all its students for HESA. The information provided is used to monitor the rates of participation in Higher Education by particular groups of people. This information does not form any part of your application of study, but is required to enrol onto the course. | | | |
| **How would you describe your ethnic origin?** | | | |
| ASIAN OR ASIAN BRITISH – INDIAN |  | MIXED – WHITE & BLACK AFRICAN |  |
| ASIAN OR ASIAN BRITISH – PAKISTANI |  | MIXED – WHITE & BLACK ASIAN |  |
| ASIAN OR ASIAN BRITISH – BANGLADESHI |  | WHITE |  |
| ARAB |  | OTHER ASIAN BACKGROUND |  |
| BLACK OR BLACK BRITISH – AFRICAN |  | OTHER BLACK BACKGROUND |  |
| BLACK OR BLACK BRITISH – CARIBBEAN |  | OTHER ETHNIC BACKGROUND |  |
| CHINESE |  | OTHER MIXED BACKGROUND |  |
| GYPSY OR TRAVELLER |  | NOT KNOWN |  |
| MIXED – WHITE & BLACK CARIBBEAN |  | PREFER NOT TO SAY |  |

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| **SECTION M: Disability / Long Term Health Conditions** | | | | |
| **Do you have a disability or long term health condition?** | **Yes** |  | **No** |  |
| **If yes, please state the disability / long term health condition below:** | | | | |
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| **If yes, please describe any support required to assist you with your studies:** | | | | |
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| Applications from students with disabilities are viewed on exactly the same academic grounds as those from other applicants.  Information for people with disabilities may be obtained from the Director of Education, by calling +44 (0) 1494689530 or email [info@academyprodev.com](mailto:info@academyprodev.com) | | | | |

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| **Guidance Notes for Accredited Short Course Application Form**  *Please read these Guidance Notes carefully, before you apply.* |

1. **How to apply**

All application forms and supporting documents must be completed and sent to:

**Address:** Education Director, The Academy of Professional Development, Unit B Knaves Beech Way, Loudwater, BUCKS, HP10 9QY

**Email:** [shortcourse@academyprodev.com](mailto:shortcourse@academyprodev.com)

1. **Selection Criteria**

Please refer to the course pages on our website to view the most up to date selection criteria.

1. **Completing the application form**

Please complete the application form in as much detail as possible. Unless otherwise stated, all fields are mandatory. You can find guidance below on what to include in specific sections.

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| **SECTION E: Qualifications** (relevant to this application/course of study) |
| Please give details of your most recent and relevant qualification. You will also be asked to submit a CV alongside your application, but you should still detail your qualifications on this form. Please enter a maximum of 5 qualifications. |

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| **SECTION F: Employment** (relevant to this application/course of study) |
| Please give details of your current and/or most recent relevant employment. |

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| **SECTION H: Funding / Course Fees** |
| Please complete this section with as much detail as possible. If necessary, please include additional information with your application form (e.g. confirmation of funding support from an employer). If this information is not completed correctly this may delay your application and enrolment. |

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| **SECTION K: Declarations** |
| **Signature:** If you intend to email your completed application form, we accept electronic signatures or your name typed in full.  **Computer access:** Almost all of our courses now contain some element of online learning so it is essential that you have ready access to a computer and the internet. Most assessed work must be submitted electronically.  **Skills:** It is also important that you have basic computing skills. If you have never used the computer functions listed in this section we recommend that you obtain training before coming on this course.  **Supporting materials:** Some courses require extra documentation to be submitted with your application form; any documentation required will be detailed on the course web page. Any supporting materials must be written in English. Failure to submit the correct supporting documentation may delay your application. |

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| **SECTION M: Disability / Long Term Health Conditions** |
| Applications from students with disabilities are viewed on exactly the same academic grounds as those from other candidates. The education provider is committed to making arrangements to enable those with disabilities to participate as fully as possible in student life, and it is, therefore, helpful to know in advance about the nature and degree of an applicant’s disability, or of his or her particular needs. The information requested in this section of the application form will also allow the education provider to make decisions about provision for those with disabilities, and the monitoring of participation rates by particular groups of people locally and nationally. |

1. **Consideration of applications**

Applications will be reviewed by the programme team to determine whether you meet the eligibility requirements for admission. We may contact you to discuss the course and your previous experience.