



UNIVERSITY  
OF HULL

# Application form

## Specialist Skills Post Registration Development

Please complete in BLOCK CAPITALS, in black ink, or typescript. All fields must be completed as failure to complete some fields may delay consideration.

Please read the attached guidance notes carefully

### Section A: Personal details/course choice

Full name <i>(note 1)</i>	
Surname	Forename
Title (Dr/Mr/Mrs/Miss/Ms/etc)	
Permanent home address <i>(note 2)</i>	
House No:	
Street	
Town	
County	
Postcode (UK only)	
Country Telephone	
number	
Mobile number	
Email	

If you have previously studied at the University of Hull please give your student registration number

If you have studied but cannot recall the number please tick

Previous name (if any)	
Male	Female
Date of birth	
Course/programme of study applied for (please tick)	
Programme	
Stand alone module	

Name of proposed programme or module <i>(note 3)</i>	
Full-time	Part-time
<i>(tick one only)</i>	
Proposed start date for study <i>(note 4)</i>	

Professional registration number
Renewal date

**Section A: Personal details**

Nationality  
*If dual nationality please list both*

Ethnic origin *(note 7)*

Residential status  
Please read the notes *(note 5)*, then circle the appropriate letter  
  
1      2      3      4      5      6      9

Country of birth *(note 8)*

Date of commencement of residence in the UK (applies to code 2, 3, 4, 5, 6, 9):

Criminal convictions *(note 9)*      Yes      No

Passport/Identification number

If you have answered 'YES' please provide details on a separate sheet of paper.

**Disability *(note 6)***

Please tick the appropriate box(es) Please indicate where you heard about the course of study you are applying for.

- A. No disability
- B. You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder.
- C. You are blind or have a serious visual impairment uncorrected by glasses.
- D. You are deaf or have a serious hearing impairment.
- E. You have a long standing illness or health conditions such as cancer, HIV, diabetes, chronic heart disease or epilepsy.
- F. You have a mental health condition, such as depression, schizophrenia or anxiety disorder.
- G. You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.
- H. You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.
- I. You have a disability or impairment or medical conditions that is not listed above.
- J. You have two or more impairments and/or disability medical conditions.

Further details or disability/special need not listed above or where further information would be helpful.

Please indicate where you heard about the course of study you are applying for.  
Please tick the appropriate box(es)

- A. Training and Development department.
- B. From my Manager
- C. From a friend/work colleague.
- D. University website.
- F. University Open Day.
- G. Flyer.
- I. Other - please give details.....

Your present appointment

Title	Grade
-------	-------

---

Place of work address

Name  
Street  
Town  
Postcode

---

Telephone number  
*(including STD code)*

Email:

Name of your Senior Manager

---

Senior Manager's address

Company Name  
Street  
Town  
Postcode  
Telephone number  
*(including STD code)*

Email:

---

Please tick if you do not wish this person to be contacted for a reference

## Section B: Professional qualifications

Details of professional qualifications including 1st registration and post-qualification (*note 10*)

Name of award	Year of award	Institution at which registered	Awarding body	Main areas of study	Qualifications obtained	Credit awarded			
						Level 4	Level 5	Level 6	Level 7

Claim for specific credit (Certified evidence) see notes (*note 11*)

Name of award	Year of award	Institution at which registered	Awarding body	Main areas of study	Qualifications obtained	Credit awarded			
						Level 4	Level 5	Level 6	Level 7

Are you wanting to APEL these credits?  Y /N

## Section C: Employment history

Please give below details of any previous relevant employment with dates (most recent first)

Start date	Finish date	Name and address of employer	Position held and grade

Source of Finance (*note 12*)

Please indicate the source of finance for the payment of your tuition fees by ticking the appropriate box. **You will not be permitted to register without prior written confirmation of your sponsorship or payment of fees.**

(Tick one only)  <input type="checkbox"/> Self-financing  <input type="checkbox"/> Yorkshire & The Humber Local Education Training Board  <input type="checkbox"/> Sponsored	Name and address of sponsor Name Company Name Street Town Post Code
--	--

Please Note: If you are sponsored by YHLETB we maybe required to provide details of your attendance on completion of your programme

## Supporting statement

**This section to be completed by all applicants**

In this statement you should indicate why you wish to undertake this programme of study.

Applicant's own signature

Date

Please return this form to:

Admissions

FHS

Calder Building

University of Hull

Cottingham Road

Hull, HU6 7RX

Email: [fhs.admiss@hull.ac.uk](mailto:fhs.admiss@hull.ac.uk)

Tel: 01482 463103/463130