



Direct application form

University Certificate in Health and Social Care Practice

Please complete in BLOCK CAPITALS, in black ink, or typescript. All fields must be completed as failure to complete some fields may delay consideration. There is no payment required with this form. Please read the attached guidance notes carefully.

- I am applying for the full University Certificate in Health and Social Care Practice (471646)
- I am applying for one or two modules of the University Certificate in Health and Social Care Practice (470059)

Section A: Personal details/course choice

Full name (please underline your family name) *(note 1)*

Previous name (if any)

Title (Mr/Mrs/Miss/Ms/etc)

(Attach evidence of a change, eg marriage certificate)

471646 University Certificate in Health and Social Care Practice

Module choice (Please note First Step Study Skills and Work-based Learning are compulsory modules on this programme).

Preferred start date

1st preference optional module

2nd preference optional module

3rd preference optional module

4th preference optional module.....

Earliest date you could start

470059 Health and Social Care Module Scheme

If you are applying to study individual modules on the above scheme please tick

1st preference optional module

2nd preference optional module

Is any module you have applied for under this scheme a requirement to undertake a pre-registration (midwifery/nursing/ODP) course please tick if yes.

Title(s) of required module(s)

Title(s) of pre-registration course.....

Start date of pre-registration course

Section A: Personal details (continued)

Permanent home address (*note 2*)

Male

Female

(tick one only)

Postcode (UK only)

Nationality

Country

Home telephone number

Place of birth

Mobile number (if available)

Date of birth

Email (if available). Please include an email address if you require receipt of your application to be confirmed by the Admissions Service

National Insurance number

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

Work telephone number

If you have studied but cannot recall the number please tick

Current address for correspondence (*note 3*)
If same as permanent address, please state 'as above'

Do you require a visa to work/study in the UK?
If yes please enclose a copy of your passport and any visas.

Postcode (UK)

Have you lived in the UK for the last 3 years?

Country

I can receive correspondence at this address until

If no, when did you first come to live in the UK?

Telephone number

Section B: Education and qualifications

Details of education, if necessary, give further details on a separate sheet of paper and attach it to this form (note 4).

Qualifications completed or ceased

Year from	to	Full or part-time (F or P)	University, College, School or other institution	Name of course or award type	Subjects taken	Classification/grade

Qualifications ongoing

Year from	to	Full or part-time (F or P)	University, College or other institution	Name of course or award type	Subjects taken	Classification/grade

Professional training (note 5) if applicable

Educational institution name and address	Dates (month/year) from to	Programme type and subject	Qualifications obtained	Overall result	Professional Registration no

Section C: Employment/references

Please give below details of any employment with dates – include any relevant voluntary work, full or part-time

Start date (month/year)	Finish date (month/year)	Employer name and address	Your job title	Your main responsibilities

References (note 6)

Academic or employer reference

Name:

Job title:

.....

Address:

.....

.....

Telephone.....

Email:

Relationship to applicant:

.....

Section D: Personal statement

In this space you can enter any further information you believe to be relevant and which is not given elsewhere on the form. It provides you with an invaluable opportunity to explain your motivation and suitability for the course.

Section E: Further details – all applicants must complete this page in full

Source of Finance (note 7)

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)	Name and address of sponsor
Self-financing <input type="checkbox"/>	
SHA no secondment <input type="checkbox"/>	
SHA with secondment <input type="checkbox"/>	

Disability (note 8)

Please tick the appropriate box(es)

- A. No disability/special need, or not aware of any additional support requirements for study or accommodation
- 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 impairment and/or disability medical conditions.

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

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Criminal convictions (note 9)

Have you ever been convicted of any criminal offence, been bound over or cautioned?

Yes No

Do you agree to a CRB check?

Yes No

I confirm that the information I have given is true and accurate and that I have not withheld any details relevant to my application. I understand that the information I have provided on this form and in accompanying papers will be made available to those staff of the University concerned with student matters. I understand that any offer of a place as a student that I receive will be based on the information given in this form and that if I am found to have given false or incomplete information, any such offer will be withdrawn. I have read and understood the notes for completion of this form. I understand that the data provided will be held by the University of Hull in accordance with the UK Data Protection Act 1998.

Applicant's own signature

Date

Section E: Further details – (continued)

Ethnic origin (*note 10*)

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
.....

Office use

Applicant code

Please detach and do not return these notes to the University

Guidance on completion of the Faculty of Health and Social Care Admission form

Please complete the form in BLOCK CAPITALS, in black ink, or typescript. Failure to complete some fields may result in a delay in processing. All questions must be answered.

Deadline: Any deadline will be published at www.hull.ac.uk or advised in accompanying guidance.

Section A: Personal details/course choice

Note 1 Full Name

Enter the name you would be known by throughout your university programme and which would appear on any degree certificates. International students in particular are requested to specify their family name and other names in the correct order to avoid any misunderstanding. This is the name used on any offer letter and changes cannot be made later.

Note 2 Permanent Home Address

International students should give an address in their home country. Please include a current e-mail address if you wish the University to confirm receipt of your application.

Note 3 Current Address for Correspondence

If the same as your permanent address, please state '**as above**'. Please include your daytime work number if you are happy for the University to contact you there in case of any query.

Section B: Education and qualifications

Note 4 Details of Education

Please list all GCSE results (or equivalent) and all qualifications obtained since leaving school, including professional qualifications. Give the full names of all institutions (and the town in which each is located) that you have attended. In the case of qualifications taken outside of the UK give the exact title of the award - do not try to describe it in terms of the UK system.

You must include details of all courses started, whether or not the course was completed. You must include any courses in which you were not successful so that the Admissions Tutor has a full record of your academic history – if there were circumstances that you would like the University to know about, that meant that you were not able to perform to the best of your abilities, you should enclose a letter to explain the full details.

Please state whether each programme was completed by full or part-time study.

Note 5 Previous Professional Training

Please give details of any previous training and qualifications in the fields of nursing, midwifery or ODP including any incomplete courses.

Section C: Employment

Note 6 Referees

A reference form is attached. We require one academic or one employment reference. You should complete those as instructed on the form, and send it to the person who has agreed to write a reference for you. You should ensure that your application form reaches the University before the forms are returned by the referee. (Sealed references may be returned with this application form if you wish). References may alternatively be sent on **business headed paper**. A reference must be less than 3 months old, **written and signed by the referee** and carry an official business stamp. An e-mailed reference is **not** accepted and a reference must be an original.

In the box provided on the application form enter the name and full postal address of the referee. You should be aware that the University may contact your referees to clarify any details of your application and in order to confirm authenticity of references. If further information is required the University may ask you to arrange for further references to be provided.

Section E: Further details

Note 7 Source of Finance

Please do not submit an application unless you are confident in getting the necessary finances to cover tuition fees, any other course expenses and living costs. Please indicate who you expect to pay your tuition fees. All offers are subject to the student having funding to support their studies.

'Self-financing' means you will be financed from your own or other private resources and will pay your tuition fees when you register.

Note 8 Disability

So that we may assist you and advise on appropriate opportunities we invite you to declare here whether you have a disability. If you do not complete this section the University will have to assume that you have no disability.

This information will be passed to the University's Disabilities Office so that they will be aware of your needs if you are offered a place. If you have any specific concerns about the support you might need please tell us now. Where appropriate, details will also be passed to our Occupational Health Nurse. You may enclose a separate confidential letter to the Disabilities Officer if you prefer.

Note 9 The Criminal Convictions Declaration and Risk Assessment Process

The University has a risk assessment process designed to reduce the risk of harm or injury to members of the University population caused by the criminal behaviour of any student. We therefore need to know about any relevant criminal convictions that an applicant has.

Please do not return this sheet to the University

All programmes offered by the Faculty of Health Sciences are in areas exempt from the Rehabilitation of Offenders Act 1972. You must tell us about any criminal conviction, including spent sentences, conditional discharge cautions (including verbal cautions) and bindover orders. For those courses, you will normally be required to have an enhanced Criminal Records Bureau disclosure (www.crb.gov.uk). The University will direct this process.

Applicants who declare a criminal conviction will not automatically be excluded from the application process but the University will wish to activate the risk assessment process (details of which are available from the Admissions Service) and we will ask for further details before reaching a decision on your application.

If you are convicted of an offence or receive a caution or bindover after you have applied, you must inform the Admissions Service immediately. Failure to disclose convictions, bind-overs or cautions may result in withdrawal of any offer or termination of your course.

Note 10 *Ethnic origin*

The University is required by HESA (Higher Education Statistical Agency) to collect this information for statistical purposes. Information on ethnicity will not be used in reaching a decision on the outcome of your application, nor will HESA publish any personal information about you. Please insert the code from the list below that best describes you:

- 10 White
- 11 White (British)
- 12 White (Irish)
- 13 White (Scottish)
- 14 Irish Traveller
- 15 White (Welsh)
- 19 Other White background
- 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
- 43 ~~Mixed - White and Black~~ Caribbean
- 49 ~~Other Mixed background~~ Black African
- 80 Other ethnic background
- 90 Not known
- 98 Information refused

The Equal Opportunities Code of Practice for Admissions is available on the web site www.hull.ac.uk/

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Returning the form to the University

(You are advised to keep a copy of your form, these notes and any supporting documents). Please return this form, with the reference to this address:

**Admissions Service (Faculty of Health Sciences)
University of Hull, Hull, HU6 7RX, UK**

Any queries about completion of the form should be made to the Admissions Service ++44 1482 **463103/453130** (fhsc.admissions@hull.ac.uk) You may wish to note here the day you send your form to us and you should keep **these notes** for your records.

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