

POSTGRADUATE APPLICATION FORM

Please tick areas marked with a

SECTION ONE - Please complete this section in **BLOCK CAPITALS**. All sections should be completed.

Title of Programme _____

Do you intend to study - **FULL TIME** **PART TIME**

Family/Surname _____

First Names _____ Preferred Name _____

Title _____ Date of Birth _____

Previous family/surname at 16th birthday _____

Nationality _____

Country of Birth _____

Area of Permanent Residence _____

Date of first entry into UK* _____

Correspondence Address _____

Post Code _____ Tel No _____

Fax No _____ E-mail _____

Permanent Address
(if different from above) _____

_____ Tel No _____

*If you are not a UK citizen and/or have not been resident in the UK for the last three years please see **Appendix A** at the end of this form.

SECTION TWO

1. Have you spoken to the department concerned about your chosen course? YES NO
2. Have you had an advisory interview with this department before application? YES NO
If YES with who? _____
3. Have you applied to Canterbury Christ Church University before?
YES NO If the answer to question 3. if YES then please give details below:

Course _____ Year _____

SECTION THREE

Employment History: Please give details of your current employer:

Setting/School details

Business name:

Type:

Contact name:

Address:

Postcode:

Work telephone:

Email:

Please tick if you have a current CRB check (please include a photocopy with your application)

Previous Employment:

Start Date	End Date	Nature of work or activity including position held	Type of Organisation

SECTION FOUR

Please give details of all academic qualifications specified in this section. Attach additional information if there is not enough space.

QUALIFICATIONS

******Please note that you are required to submit copies of your qualifications with your application form******

PLEASE TICK IF YOU HAVE QTS

PLEASE INDICATE YOUR HIGHEST QUALIFICATION _____

Name and Address of School, College, University	Dates Taken	Subject/s Taken	Results
A-Level or equivalent qualifications			
Degree (or equivalent)			
Other Relevant Qualifications			

SECTION FIVE

Please indicate below why you think you would be suitable for this course. (Please use a continuation sheet if necessary).

SECTION SIX

Please let us know where you found out about the MA in EY:

Please state below if you have any disabilities or special needs.

Equal Opportunities

Ethnicity:

White Mixed race Asian Black Chinese Other**

Prefer not to say

**If other, please enter here:

Name two referees (including their name, address and status). These should be able to give their opinion on your suitability for your chosen course.

REFEREE No.1

NAME _____

STATUS _____

ADDRESS _____

POST CODE _____

REFEREE No.2

NAME _____

STATUS _____

ADDRESS _____

POST CODE _____

Declaration by candidate: I undertake, if admitted to the University, to abide by the regulations of Canterbury Christ Church University and of the validating body granting the award.

Date _____ Signature _____

Please return this form to

**Nicola Price Faculty Administrator Education
Canterbury Christ Church University
Rowan Williams Court
30 Pembroke Court, Chatham Maritime, Kent ME4 4UF**

Are you a UK National?	Yes/No		
Are you an:	EEA National	Swiss National	Turkish worker in the UK
Have you been resident in the UK for the last three years? YES / NO			
If NO please state other countries of residency below:			
Country	Main purpose of your residence		
1	1		
2	2		
3	3		
4	4		
Applicants not born in the European Union, please state:			
Date of first entry to the EU:	dd/mm/yyyy		
Date of most recent entry to the EU	dd/mm/yyyy		
If you are not a UK National, or EEA/Swiss National please state:			
Country of birth:			
Nationality:			
Country of residence:			
Address:			
Do you require a student visa?	YES/NO/DON'T KNOW		
Do you require a student visitor visa (for students studying 6 months or less)	YES/NO/ DON'T KNOW		
If you are not a UK/EEA citizen and do not require a student visa, what is your UK immigration status?			
Indefinite Leave to enter/remain	YES/NO		
Discretionary Leave to remain	YES/NO		
Refugee status granted	YES/NO		
Spouse of student visa holder	YES/NO		
Dependent of student visa holder	YES/NO		
Work Permit	YES/NO		
Other (please state):			
Start and end dates of current leave (UK Immigration Permission) if applicable	Start Date dd/mm/yyyy	End Date dd/mm/yyyy	
If you are not a UK or EU national you must provide evidence of your status in the UK by enclosing a copy of your passport, visa/work permit or Home Office letter with this application form			