



**Faculty of Health and Social Care
MSc Interprofessional Health and Social Care**

Application Form

Section 1:

Award

- MSc IPH&SC
- PgDip
- PgCertificate
- Associate Student

} Tick one only

Pathway

- International
- Health Promotion Public Health
- Best Interest Assessors (2 modules)

| | | | |
|---------------|-------------------------|------------------|-------|
| Title | Mr/Mrs/Miss/Ms/Dr/Other | First Name | |
| Surname | | Previous Surname | |
| Date of Birth | | Male/Female | M / F |

| | | | |
|--|--|---------------------------|--|
| Disability (see notes) | | Ethnic Origin (see notes) | |
| Disability Type (see notes) | | | |
| Home Address | | | |
| Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> (please tick) | | | |
| Postcode | | | |
| Telephone Number | | | |
| Email Address | | | |
| Current Employer: | | | |
| Work Address | | | |
| Postcode | | | |
| Telephone Number | | | |
| Email Address | | | |

NOTES FOR ETHNIC ORIGIN AND DISABILITY

Please choose the ethnic origin and disability that applies to you, then add the number in the appropriate box above.

ETHNIC ORIGIN

- | | | |
|--------------------------------------|--------------------------------------|----------------------------|
| 10 White | 22 Black or Black British, African | 42 White and Black African |
| 11 White- British | 29 Other Black Background | 43 White and Asian |
| 12 White-Irish | 31 Asian or Asian British, Indian | 49 Other mixed background |
| 13 White-Scottish | 32 Asian or Asian British, Pakistani | 80 Other |
| 14 Irish Traveller | 34 Chinese | 98 Information refuse |
| 19 Other White Background | 39 Asian Other | |
| 21 Black or Black British, Caribbean | 41 White and Black Caribbean | |

DISABILITY

- 1 The student has no known disability
- 4 The student has a disability and is in receipt of disabled allowance
- 5 The student has a disability and is not in receipt of Disabled Student allowance
- 9 The student has a disability but information about Disabled Student allowance is not known/not sought

DISABILITY (TYPE)

- | | |
|--|----------------------------------|
| 00 No Known disability | 08 Multiple disabilities |
| 01 Dyslexia | 09 A disability not listed above |
| 02 Blind/are partially sighted | 10 Autistic Spectrum Disorder |
| 03 Deaf/have a hearing impairment | |
| 04 Wheelchair user/have mobility difficulties | |
| 05 Personal care support | |
| 06 Mental health difficulties | |
| 07 An unseen disability, e.g. diabetes, epilepsy, asthma | |

Section 2:

We need information from you to determine your fee status. If this section of the form is not complete the university will presume that for fee-purposes you are an overseas fee-payer.

| | | | |
|--|--------------------------------|------------------------|--------------------------|
| Are you a UK National? | Yes/No | | |
| Are you an: | EEA National | Swiss National | Turkish worker in the UK |
| In which countries have you been resident for the last three years? | | | |
| 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 visa/work permit or Home Office letter with this application form | | | |

Section 3:

Please give details of all academic qualifications specified in this section. Attach additional information if there is not enough space. In this section you must enter all your qualifications especially if you have any that are at an equal or higher level to the programme you are applying for.

QUALIFICATIONS

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

Equivalent or Higher Level Qualifications

If you have a qualification that is equivalent to, or higher than the one you propose to take this may affect the fee you will be charged. If you leave this category blank the expectation is that you have an equivalent or higher qualification and will be liable for the higher fee. Please indicate whether:

| | |
|---|---------------|
| I have a qualification equivalent to, or higher than the one I wish to study | YES/NO |
| I don't have a qualification equivalent to, or higher than the one I wish to study | YES/NO |
| I do not know if I have a qualification equivalent to, or higher than the one I wish to study: Please insert the name of the highest qualification you have so that we can check to see if it is higher or equivalent to the qualification you are taking: | |

Professional experience and employment history

Please give details of your current and previous positions, especially any specific responsibilities and/or significant contributions. Include details of any publications, participation in course/conferences, involvement in any special interest groups locally or nationally etc. which demonstrates your professional expertise and development.

(If you have a suitably prepared c.v., you may attach it in lieu of this section.)

Additional information to support the application
To aid the process of selection, please attach a short written justification which relates your interest in undertaking the MSc Interprofessional Health and Social Care to your work as a professional practitioner and discusses the potential benefits which may accrue to all involved parties.

References
Use the attached forms to obtain supporting references for your application. One reference **MUST** be your current employer who is able to support your application recognising the practical and theoretical elements of the programme and your ability to complete them successfully. One reference should be a professional with knowledge of your academic/professional suitability for the course. The references may be returned direct or accompany your application form.

I wish to be considered for a place on the MSc Interprofessional Health and Social Care programme and undertake, if successful, to abide by the regulations of Canterbury Christ Church University.

Signed: _____ Date: _____

Source of Funding (please tick) Self Sponsored Shared

Please ensure that if your source of funding is either sponsored or shared that it is signed by the authorised FUND HOLDER (Please note that this may not be your Line Manager). Forms signed by unauthorised signatories will be returned.

Name of Trust/Sponsor

Signature of Authorised Fund Holder.....

Address for payment.....

.....

.....

Have you obtained Managerial support for this programme with appropriate time and supervision
Yes/No

Signature of Line Manager: _____ Date: _____

Where did you find out about the course

| | | | |
|--------------------|----------|--------------------------------------|--|
| Programme Flyer | YES / NO | Open Day/Event(when / where) | |
| Programme Brochure | YES / NO | Journal /Newspaper(publication/date) | |
| Prospectus | YES / NO | CCCU School Liaison activity | |
| University Website | YES / NO | Other (please state) | |

Please return the completed application form to:

Sara Church

Programme Administrator

MSc IPH&SC

Canterbury Christ Church University

Canterbury CT1 1QU Telephone: 01227 782364

Email: sara.church@canterbury.ac.uk

Application - Referee's Report

Please detach/photocopy as necessary. An electronic version is available on request from jane.pango@canterbury.ac.uk

Programme/Pathway:

Referee's report for:

Please give below your opinion of the applicant's character and fitness for the above postgraduate programme, including academic and professional suitability where possible.

To be completed by the manager:

Name (*capitals*):

Signed:

Position and address:

.....

.....

Please return completed forms to:

Sara Church

Programme Administrator

MSc IPH&SC, Canterbury Christ Church University

Canterbury CT1 1QU

Telephone: 01227 782364

Email: sara.church@canterbury.ac.uk

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Signed:

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.....

.....

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Sara Church

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Canterbury, Kent CT1 1QU

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