



Masters Applicant Check List

Please use the below checklist to ensure that you are sending all the required documents for processing your application. Documents requested which are not submitted with your application may result in a delay in processing your application.

	Completed Application Form
	Details of two referees, or two completed reference letters (These must be from an academic or professional background)
	Your Supporting Statement
	Certificates and transcripts of relevant qualifications (Please visit the BGU website for further information on your chosen course entry requirements)



SECTION A – PERSONAL DETAILS (Please complete all sections)

A1 Student Information										
Student Number (OFFICE USE ONLY)	B	1	2	3	4	5	6	7	QTS Status	Have QTS year obtained/Not Applicable
Title (Mr/Miss/Mrs/Dr. etc.)									Programme of study MA in Health and Social Care Leadership	
Surname/Family Name									Programme start date	
Forename Name(s)									Mode of Study <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Date of Birth	DD/MM/YYYY		Student Fee Status*				<input type="checkbox"/> Home <input type="checkbox"/> European Union <input type="checkbox"/> Channel Islands & IoM <input type="checkbox"/> Overseas			
Sex	<input type="checkbox"/> Male (1) <input type="checkbox"/> Female (2) <input type="checkbox"/> Other (3)									

A2 Permanent Address (At Application)		A3 Emergency Contact Details	
		Name	
		Relationship to you	
Contact number primary		Contact number primary	
Personal Email:		Contact number secondary	
Contact Numbers: T:		M:	

SECTION B – BIOGRAPHICAL DETAILS

B1 Prior HE Experience	B2 Country of Domicile	B3 Nationality	B4 Parental Education
Have you had prior Higher Education experience in the UK lasting 6 months or more? (Please tick appropriate box) <input type="checkbox"/> Yes (A) <input type="checkbox"/> No (B)	Please check/state the country of your permanent home/address prior to entry on this course (if blank please complete) <input type="checkbox"/> England (XF) <input type="checkbox"/> N. Ireland (XG) <input type="checkbox"/> Scotland (XH) <input type="checkbox"/> Wales (XI) <input type="checkbox"/> Other If other please specify: _____	<input type="checkbox"/> UK (GB) <input type="checkbox"/> Other If other please specify: _____	Do any of your parents (natural, adoptive or step) have higher education qualifications (degree, CertHE, DipHE), Please tick the appropriate box. <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't Know (8) <input type="checkbox"/> Information refused (9)
B5 Care Leaver	B6 Ethnic Origin (tick box)	B7 Disability (tick box)	
Have you been looked after by a Local Authority for at least 13 weeks since the age of 14? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White (10) <input type="checkbox"/> Gypsy or Traveller (15) <input type="checkbox"/> Black or Black British - Caribbean (21) <input type="checkbox"/> Black or Black British - African (22) <input type="checkbox"/> Other Black Background (29) <input type="checkbox"/> Asian or Asian British - Indian (31) <input type="checkbox"/> Asian or Asian British - Pakistani (32) <input type="checkbox"/> Asian or Asian British - Bangladeshi (33) <input type="checkbox"/> Other Asian Background (39) <input type="checkbox"/> Chinese (34) <input type="checkbox"/> Mixed - White & Black Caribbean (41) <input type="checkbox"/> Mixed - White & Black African (42) <input type="checkbox"/> Mixed - White & Asian (43) <input type="checkbox"/> Other Mixed Background (49) <input type="checkbox"/> Arab (50) <input type="checkbox"/> Other Ethnic Background (80) <input type="checkbox"/> Information refused (98)	<input type="checkbox"/> No known disability (00) <input type="checkbox"/> Multiple Disabilities (08) <input type="checkbox"/> A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D (51) <input type="checkbox"/> A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder (53) <input type="checkbox"/> A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy (54) <input type="checkbox"/> A mental health condition, such as depression, schizophrenia or anxiety disorder (55) <input type="checkbox"/> A physical impairment or mobility issues such as difficulty using arms or using a wheelchair or crutches (56) <input type="checkbox"/> Deaf or a serious hearing impairment (57) <input type="checkbox"/> Blind or a serious visual impairment uncorrected by glasses (58) <input type="checkbox"/> A disability not listed above (96) <input type="checkbox"/> Are in receipt of Disabled Students Allowance (DSA)? (4)	
B8 Religion			
<input type="checkbox"/> No religion (01) <input type="checkbox"/> Buddhist (02) <input type="checkbox"/> Christian (03) <input type="checkbox"/> Hindu (10) <input type="checkbox"/> Jewish (11) <input type="checkbox"/> Muslim (12) <input type="checkbox"/> Sikh (13) <input type="checkbox"/> Spiritual (14) <input type="checkbox"/> Any other religion or belief (80) <input type="checkbox"/> Information refused (98)			



SECTION C – PART-TIME ONLY [TO BE COMPLETED AT THE POINT OF ENROLMENT]

C1 – Module Enrolment (Please list <u>all</u> modules to be taken this academic year)			
Module Code	Module Title	Credit Value	Fee (£)
Total Credit Value and Gross Fee			

C2 – Payment Variation (if applicable)			
Variation route	Details	Amount	Balance
Sponsor details (if different from SLC/NCLT)			
Fee variation details (if applicable)			
Total Fee Due*			

SECTION D –QUALIFICATION(S) ON ENTRY

D1 – Last Institution Attended	
Name of College/University	

D2 Highest qualification on entry					
Level of highest qualification on entry (e.g. A levels, first degree, PGCE)					
Institution (if different from D1 above)				Year left	
If highest qualification is A'Levels or equivalent, please skip the rest of this section and list them in section D3 below					
Title of Award (e.g. BA Honours Degree, PGCE, etc.)					
Subject(s) of Award					
Classification		From	MM/YYYY	To	MM/YYYY
Do you already have Qualified Teacher Status?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

D2c – Teaching Experience (if applicable)	
Number of years teaching experience	

D3 – Qualification Details (please list <u>all</u> qualifications achieved to-date use a continuation sheet if necessary)				
Type	Grade	Awarding Body	Subject	Year

D4 – English Language Competency			
Is English your first language?			
If English is <u>not</u> your first language please state IELTS/TOEFL score(s)	Reading		Listening
	Writing		Speaking



Career History

Supporting Statement

Please show how your previous academic studies, experience, knowledge, skills, interests and personal attributes will equip you to join the programme:



Referees:

Open Reference – Please explain why, in your professional judgement, this candidate has the potential to study and succeed.

Open Referee	Second Referee
Name:	Name
Address:	Address:
Telephone Number:	Telephone Number:
Email:	Email:

I declare that the information I have provided about my qualifications and experience in this application is true.

Applicant Signature

	DD/MM/YY
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Applications should be sent to:
Admissions
Bishop Grosseteste University
Lincoln
LN1 3DY

admissions@bishopg.ac.uk