



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) | |
| B8 Religion | <input type="checkbox"/> Are in receipt of Disabled Students Allowance (DSA)? (4) | | |
| <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 |
|--|----------|

Applications should be sent to:
Admissions
Bishop Grosseteste University
Lincoln
LN1 3DY

admissions@bishopg.ac.uk