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Application reference
For Office use only

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University of Plymouth - Registry

Application for Taught Postgraduate Study

Please type or print clearly in black ink.



Please attach a passport photograph here	1. Programme of study applied for
	Name of programme: (do not use this form for PGCE, IMP Education or Research Degrees MPhil/PhD/Integrated PhD)
	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
	Academic year in which place is required: 20 /20

2. Personal details	
Family name/surname:	First/given name:
Title (Dr, Mr, Mrs, Ms, etc):	Date of birth:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality:
Country of birth:	Have you been a student at UoP before?
Country of permanent residence:	Yes <input type="checkbox"/> (registration no.:)
	No <input type="checkbox"/>

3. Residence
If you have been resident in the UK or European Union for less than three years before the start of the programme, please state the date of your arrival in this country (do not include details of residence solely or mainly for educational purposes).
Date of arrival:

4. Address details	
Permanent home address:	Address for correspondence (if different from home address):
Postcode:	Postcode:
Country:	Country:
Telephone:	Telephone:
E-mail:	E-mail:

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5. English language requirements

Is English your first language? Yes No

Please list any formal English qualifications (IELTS, TOEFL, GCE, GCSE, etc).

English qualification (including Examining Body)	Result/score	Date taken

6. Educational qualifications

Please give details of your main qualifications to be considered for entry. List in reverse chronological order giving most recent first. Please attach transcripts and/or certificates together with this application form.

Qualification Title	Grade or Class	Name of Institution	Awarding Body	Date of Award

7. Professional and other qualifications

Please give details of any professional qualifications held and specify whether obtained by examination, exemption from examination, or by other means. List in reverse chronological order giving most recent first. Please attach certificates together with this application form.

Qualification Title	Awarding Body	Date of Award

8. Additional information

Please use this space to provide any additional information that you feel might be relevant.

8. Additional information (cont.)

[Empty text area for additional information]

9. Funding information

Who will pay your fees?

You or your family Government body Employer Other

Please provide details: **Sponsorship applied for?** **Approved?**
 (If appropriate attach confirmation to your application)

Contact name:

Company/Organisation:

Address:

Postcode:

Country:

Telephone:

E-mail:

Are you UoP staff member? No Yes (if yes please indicate: FT PT)

10. Employment and experience

Please give details below of employment including previous positions held with present employer. List in reverse chronological order giving most recent first.

(Note: please include a CV/Résumé in addition to this information).

Name and address of employer	Title and duties of post	Dates	
		From	To

11. Referees

Please give details of two referees below. Please forward the enclosed reference forms to your two referees, asking them to sign across the seal. Return these sealed references with your application.

Name:	Name:
Position:	Position:
Company/Organisation:	Company/Organisation:
Address:	Address:
Postcode:	Postcode:
Country:	Country:
Telephone:	Telephone:
E-mail:	E-mail:

12. Availability for interview

Where it is feasible to do so, some departments like to interview applicants before recommending admission.

Please indicate any periods when you may not be available:

13. Criminal convictions

You are required to state whether or not you have any criminal convictions except where the penalty was a non-custodial sentence carrying a fine of less than £1,000. If you tick the "Yes" box, you may be required to provide details.

No Yes

14. Declaration

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I understand that the decision to offer me a place rests solely with the University of Plymouth and is not subject to appeal. I understand that if I am offered a place on the programme, I agree to abide by the rules and regulations of the University of Plymouth.

Signature of applicant:

Date:

Please return the completed application form in a sealed envelope to:

University of Plymouth
 Postgraduate Admissions Office - Registry
 Drake Circus
 Plymouth
 PL4 8AA
 United Kingdom

15. Application checklist

Please ensure you have enclosed the following items with this application form (incomplete applications will not be processed):

- | | |
|---|--|
| Copies of degree certificate(s) and transcript(s) (if appropriate) | <input type="checkbox"/> |
| Copies of certificate(s) for professional qualifications (if appropriate) | <input type="checkbox"/> |
| IELST/TOEFL score slip or date when test to be taken (if appropriate) | <input type="checkbox"/> |
| Two references <input type="checkbox"/> | CV/résumé <input type="checkbox"/> |
| Passport photograph <input type="checkbox"/> | Proof of sponsorship (if appropriate) <input type="checkbox"/> |

16. Marketing information

Please note that none of this information will be used for selection purposes.

Where did you first hear about the programme? (please tick main source):

- | | | |
|---|--|---|
| Prospectus <input type="checkbox"/> | UoP website <input type="checkbox"/> | Contact directly with the University <input type="checkbox"/> |
| Recruitment fair <input type="checkbox"/> | Careers advice <input type="checkbox"/> | Word of mouth/recommendation <input type="checkbox"/> |
| Internet <input type="checkbox"/> | Mailing <input type="checkbox"/> | Employer/academic recommendation <input type="checkbox"/> |
| Advertisement <input type="checkbox"/> | British Council <input type="checkbox"/> | Other <input checked="" type="checkbox"/> |
- Please state publication: _____ Please state source: _____

Have you applied for admission to any other postgraduate programmes?

- Yes No

If yes, please indicate which one(s) and at which institution(s).

What factors influenced your choice of the University of Plymouth as a place to study? (please tick as many boxes as applicable)

- | | |
|---|---|
| Flexibility of programme <input type="checkbox"/> | Employer/academic recommendation <input type="checkbox"/> |
| Programme design/structure <input type="checkbox"/> | Studentships/funding opportunities <input type="checkbox"/> |
| Reputation of the University <input type="checkbox"/> | Close to home <input type="checkbox"/> |
| Geographical location <input type="checkbox"/> | Relevance of the programme <input type="checkbox"/> |
| Entry requirements <input type="checkbox"/> | Learning/teaching methods <input type="checkbox"/> |

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If you would require any part of this document in an alternative format, please contact:

Sarah Warn

Disability Assist Services

Telephone: **+44 (0)1752 232 289**

Fax: **+44 (0)1752 232 279**

Minicom: **+44 (0)1752 232 285**

E-mail: **sara.warn@plymouth.ac.uk**

**University of Plymouth
Postgraduate Admissions Office
Registry**

**Drake Circus
Plymouth
PL4 8AA
United Kingdom**

**Tel.: +44 (0)1752 232135
Fax: +44 (0)1752 232179
E-mail: admissions@plymouth.ac.uk
www.plymouth.ac.uk**



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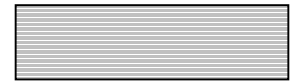
University of Plymouth Registry



Reference in Support of an Application
for Taught Postgraduate Study

NOTE TO APPLICANTS

**Please complete sections 1-3 yourself,
and then pass to one of your referees. Note that
we require two completed reference forms
(from two academic members of staff or
one from an academic member of staff
and one from your present or past employer)
in order to process your application.**



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1. Applicant's full name	
Family name/surname:	Title (Dr, Mr, Mrs, Ms, etc):
First/given name:	

2. Programme of study applied for

3. Return address for completed reference form

Sections 4-6 to be completed by the referee

4. Referee's details	
Full name:	
Position:	
Organisation/Company:	
Address:	
Postcode:	
Country:	
Telephone:	
E-mail:	
	Seal of institution / organisation:

5. Qualities of the candidate

How long have you known the applicant?

In what capacity do you know the applicant?

If you have taught the applicant, what subject? (if the applicant has not yet graduated, please indicate what class or grade of degree you expect them to obtain)

Would the applicant be eligible to proceed to a postgraduate taught degree study in your University?

Please give your written reference here or attach a statement on official headed paper. Include major abilities, strengths and skills (please continue on a separate sheet if necessary).

6. Referee's declaration

I confirm that, to the best of my knowledge, the information given in this form is correct and complete.

Signature of referee:

Date:

Note to referee: please return completed reference in a sealed envelope, placing your signature across the seal, to the address in Section 3. If no address has been given, please return to

University of Plymouth, Postgraduate Admissions Office, Registry
Drake Circus, Plymouth, PL4 8AA – United Kingdom

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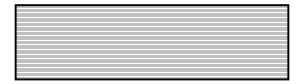
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University of Plymouth



Application for Postgraduate Study

Ethnic and Disability Monitoring Forms

IMPORTANT: PLEASE NOTE

Thank you for making this application. In order to ensure that we are fair and consistent in our selection and monitoring procedures, it is the policy of the University to require an Application Form and a Monitoring Form to be completed wherever possible.

The University of Plymouth recognises the benefits of having a diverse community of staff and students and as such is fully committed to equal opportunities. The information you provide will be treated as **Strictly Confidential** and will be used only for **Disability ASSIST Services** or **Equal Opportunities** purposes. It will not be taken into consideration for your application.

Tick the shaded areas within the fields to complete the form.

Religion:

- None
 Buddhist
 Hindu
 Jewish
 Muslim
 Sikh
 Christian (*inc. Church of England, Catholic, Protestant and all other Christian denominations*)
 Any other religion
 Do not wish to answer

Ethnic Origin:

As a requirement of the Race Relations Amendment Act (2000) we need to know your ethnic origin for the purpose of monitoring equality of opportunity to all ethnic groups, highlighting possible inequalities and enabling the implementation of action to remove any barriers and discrimination.

Please select from the categories below – these categories are approved by the Commission for Racial Equality and the Higher Education Statistics Agency:

White:

- [11] British
 [12] Irish
 [19] Any other White background

Mixed:

- [41] White and Black Caribbean
 [42] White and Black African
 [43] White and Asian
 [49] Any other mixed background

Asian or Asian British:

- [31] Indian
 [32] Pakistani
 [33] Bangladeshi
 [39] Any other Asian background

Black or Black British:

- [21] Caribbean
 [22] African
 [29] Any other Black background

Chinese or other ethnic group:

- [34] Chinese or any other Chinese background

 [80] Other ethnic background
 [90] Not known
 [98] Do not wish to answer

University of Plymouth



Application for Postgraduate Study

Disability Monitoring Form

Dear Applicant:

IMPORTANT: PLEASE NOTE

If you have a disability

The University is very supportive of students with disabilities, and year-on-year we are making adjustments to assist students with special needs. It may be that we have already put in place changes which will assist you – but unless we know what your needs might be, we cannot guarantee that that will be the case. If we can identify your needs sufficiently far in advance of when you intend to start a course at the University, we are better able to put in place appropriate arrangements – or, if there is a health and safety issue or an issue about the expectations of students on the course, to advise you on alternative options. However, we may not be able to do so if we do not know in advance.

If you have not told us about your disability

Please do contact the University's Disability Assist Services on Plymouth 01752 232278 to discuss your needs. While we are making reasonable adjustments to our provision, we may not be able to meet your individual needs if we do not have the opportunity to assess them in advance, and that could impact negatively on your experience on the course or even your ability to take up your place.

If you have told us about your disability

You may be asked for additional information or invited to attend an interview with Disability Assist Services. This is in order that we can properly assess your individual needs and ensure that we have the best possible chance of meeting them. Please do provide any information requested and come in to see staff if asked to do so, since otherwise you – and we – could find ourselves in a position in which it is difficult or even unsafe for you to take up your place.

So please tell us about any disability – even if you do not think it will affect you while you are at the University – and respond positively to any requests for further details or for an information interview. If you do not do so, you may find yourself unable to take up your place or unable to complete the course because we have not been able adequately to meet your particular needs.

Personal Details:

1. **Last / Family Name:** _____
2. **First Names:** _____
3. **Date of Birth:** _____
4. **Nationality:** _____
5. **Gender:**
 Male Female
6. **Are you married?**
 Yes No

Disability/Special Needs:

The University of Plymouth is a member of the National Federation of ACCESS Centres whose purpose is to support students with disabilities in higher education.

If you would like more information, please telephone +44 (0)1752 232 278 or e-mail Disability ASSIST Services on das@plymouth.ac.uk.

7. Are you disabled?

- [1] No known disability
- [2] Registered disability
- [3] Disability (not registered)
- [9] Information not yet sought

(Under the Disability Discrimination Act (DDA) a disability is defined as physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities)

If you replied [2] or [3] above please select one of the following:

- [00] No disability / awareness of additional support requirements in study or accommodation
- [01] Specific learning difficulty, e.g. dyslexia
- [02] Blind / partially sighted
- [03] Deaf / hard of hearing
- [04] Wheelchair user / mobility difficulties
- [T] Autistic spectrum disorder / asperger syndrome
- [06] Mental health difficulties
- [07] Unseen disability, e.g. diabetes, epilepsy, heart condition
- [08] Two or more of the above disabilities / special needs / medical conditions
- [09] Disability / special needs / medical condition not listed above

8. Do you receive Disabled Students' Allowance (DSA)?

- [1] No known disability
- [4] I have a disability and am in receipt of DSA
- [5] I have a disability but do not receive DSA
- [9] I have a disability but have not applied for DSA