

Postgraduate Application Form



Staffordshire
UNIVERSITY

For office use only
Application ref no

1	Personal Details	Title Mr/Ms/Miss/Mrs/Dr	Male/Female
	Surname/Family Name (Block Capitals)		
	First Name(s)		
	Previous Surname, if changed		Date of Birth
	Correspondence Address		
	Post code		
	Daytime Telephone Number	Evening Telephone Number	Mobile
	Fax Number	E-Mail address (please write clearly)	
	Home Address (if different to above)		
	Daytime Telephone Number	Evening Telephone Number	Mobile
	Fax Number	E-Mail address (please write clearly)	
2a	Details of the taught Postgraduate/Post-experience Course(s) to which you are applying (eg MSc/MBA/MRes)		
	Month and Year in which you wish to start:		
	Course Title:		
	1st Choice:	F/T	P/T
	2nd Choice:	F/T	P/T
2b	Research Programmes (MPhil/PhD) - Areas of Interest - cross reference with section 8		
3	Where did you hear about Staffordshire University and/or our courses		

4 Fee Status (only to be completed if you are applying for a full-time course)

Country of Birth Nationality

Country of Domicile/Area of Permanent Residence

Will you, your parents or your spouse have been resident in the UK or an EU country for non-educational purposes throughout the 3 years immediately preceding admission to the University?

You Yes No Your parents Yes No Your spouse Yes No

If none of the above is applicable, has the Home Office granted you any of the following?

- Refugee or Asylum status in the UK Exceptional leave to remain in the UK
 Indefinite leave to remain in the UK

5 Career History/Voluntary Work/Relevant Experience

Please give details of your last two situations relating to employment, training and/or professional experience (most recent first)

Date		Employers name and address	Post held and main functions	Full-time/ Part-time	Reason for leaving
From	To				

6 Academic History/Professional History

Please give details of the last two universities/colleges you attended (most recent first)

Date		Name of Institution	Qualification gained	Grade
From	To			

7 English Language Competance

Is English your first Language? Yes No

Was English the language of instruction for your previous qualifications? Yes No

Please indicate if you hold any English language qualifications (eg IELTS, TOEFL<etc)

..... Grade Date
 Grade Date

8 Academic/Professional Interests and Purpose of Study

If you wish to apply for a taught Postgraduate award please outline your reasons for wishing to undertake your chosen programme of study. If you wish to pursue a research degree, please include details of how your proposed MPhil/PhD/MRes work relates to your previous study.

(Please continue on a separate sheet if necessary)

9 Name and Address of Referees (please see Notes for Guidance)

You are normally expected to provide two academic references from people (not a relative) who have direct knowledge of your work.

i) Name

Address

Telephone Number

Fax Number

E-Mail address (if applicable)

(please write clearly)

ii) Name

Address

Telephone Number

Fax Number

E-Mail address (if applicable)

(please write clearly)

10 Please give details of the Preceptor nominated to supervise your clinical practice (only to be completed if you are applying for the Masters Degree in Clinical Nursing Advanced Practice):

Name

Post

11 Disability/Special Needs

Please indicate any special arrangements or facilities you may require (please see notes for guidance):

12 Payment of Fees- Who are you expecting to pay your fees?

(eg Research Council, LEA, University Bursary, Yourself , family member,other)

If an NHS Trust, which one?

Are you applying for a Staffordshire University Studentship and/or Scholarship? Yes No

13 Are you applying for any other courses at Staffordshire University this year?

If Yes, please state which Yes No

14 Where did you hear about Staffordshire University and/or our courses?

Please tick as many as are applicable

- School/College/University
- British Council
- Article/Advertisement (please specify)
- Web Site
- Careers Adviser
- Former Student
- Other (please specify)

15 Criminal Convictions: Do you have any criminal convictions? (see instructions)

Yes No

16 Declaration

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

Applicant's signature: _____ Date: _____

Please return your completed form and relevant documentation to:
Staffordshire University, Admissions Office, College Road, Stoke-on-Trent,UK ST4 2DE.
Telephone: 01782 292750 e-mail: admissions@staffs.ac.uk Website: www.staffs.ac.uk
An on-line version of this form is available at www.staffs.ac.uk/postgradform

THIS INFORMATION WILL NOT BE PASSED TO SELECTORS IN ACADEMIC DEPARTMENTS

Please ensure that you read the Notes for Guidance carefully before completing this section of the application form.

Ethnic Origin

Please enter in the box the code from the list below which best describes your ethnic origin.

Only applicants whose permanent residence is in the UK are required to complete this section, as the University has a statutory obligation to collect this information for statistical purposes only.

Please note that this information will not have any bearing on the outcome of your application.

- | | | | |
|----|-------------------|----|---------------|
| 10 | White | 32 | Pakistani |
| 21 | Black - Caribbean | 33 | Bangladeshi |
| 22 | Black - African | 34 | Chinese |
| 29 | Black - Other | 39 | Asian - Other |
| 31 | Indian | 80 | Other |



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