Full-time Application Form for

Pre-Service Teacher Training

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| **Details of Course**  |
| Course Title: \* Certificate in Education (Lifelong Learning)  | \* Delete as required |
|  \* Professional Graduate Certificate in Education (Lifelong Learning)  |  |
|  \* Post Graduate Certificate in Education (Lifelong Learning)  |  |

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| **Personal Details** |
| Title Mr/Mrs/Miss/Ms | Forename |
| Male/Female | Surname |
| Address |
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| County | Postcode |
| Telephone Day | Telephone Evening |
| Mobile | Email Address |

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| **Additional Information** |
| Date of Birth |  |
| Nationality |  |

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| **Ethnic Origin** |
| Please circle the description that best describes your ethnic origin |
| White | Black or Black British - Caribbean | Chinese |
| White (British) | Black or Black British - African | Mixed - White and Black Caribbean |
| White (Irish) | Other Black background | Mixed - White and Black African |
| White (Scottish) | Asian or Asian British - Indian | Mixed - White and Asian |
| White (Welsh) | Asian or Asian British - Pakistani | Other Mixed background |
| Irish Traveller | Asian or Asian British - Bangladeshi | Other ethnic background |
| Other White background | Other Asian background | Not known |

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| **Employer Details (if applicable; additional information can be included within the personal statement)** |
| Current or Most Recent Employer: | Period of Employment: |
| Telephone: |
| Email: |
| Details of any Teaching/Training Duties (if applicable): |
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| **Qualifications** - please include details of highest relevant qualifications as per course entry requirements. Please include details of literacy and numeracy qualifications at level 2 or above. |
| DateAchieved | Course Title | AwardingBody | Level (egA Level) | Grade/Result |
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| **Disability Information** |
| Do you have a disability/medical condition/specific learning difficulty | Yes |  | No |  |
| Please circle the description that best suits the nature of your disability |
| Dyslexia | Personal Care Support | Multiple Disabilities |
| Blind/Partially Sighted | Mental Health Difficulties | Any Other Disability |
| Deaf/Hearing Impediment | Unseen Disability (e.g. Diabetes, Epilepsy) |  |
| Wheelchair User/Mobility Difficulties | Autistic Spectrum Disorder/Aspergers Syndrome |  |

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| **Personal Statement** |
| Please provide a personal statement in support of your application. This should include any relevant teaching experience, membership of professional bodies, etc. Include your reasons for wanting to become a teacher. |

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| **Specialist Subject Details:**Please indicate the specialist subject you would like to teach:Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Additional subject(s) you could teach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Referee Details:**Your referee will typically be: • A tutor from your current or recent studies • A current or former employer • A person in a responsible positionIf you are not currently studying or in employment, your referee should be someone who is able to talk professionally about your application and potential. Your reference does not have to come from an academic source. |

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| **Referee Details** - please provide details of a referee to support your application |
| Name | Telephone |
| Address | Email |
|  | Occupation |
|  | Position |
| **Reference:**Please provide your nominated referee with the appropriate reference form. This should be completed and returned to you for submission along with this application. The form can be found at <http://www.grimsby.ac.uk/highereducation/documents/teachingref.pdf> |

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| **Criminal Convictions** |
| Do you have any criminal conviction | Yes |  | No |  |
| You are not required to disclose details of any convictions that are deemed to be spent or motoring offences for which a fine and/or up to three penalty points were imposed at this stage, although those applying to professional training programmes for certain professions will be asked to make a further declaration at a later stage of the admission process. Applicants who tick ‘yes’ in the declaration will be contacted for further information. |
| **Declaration** |
| I confirm that to the best of my knowledge, the information given in this form is correct and complete. I understand that any offer of a place may be subject to the checking of documentary evidence to substantiate the details given in this application form.Applicant Signature: Date:  |

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| Under the Data Protection Act 1986 we need your written consent to hold and process information in relation to your application and any subsequent offer of a place for various administrative, academic and health and safety reasons. By signing the declaration at the end of the application form you give that consent. Without your consent, we regret that we will be unable to continue to process your application. |

**Please return your completed application form to: Higher Education Admissions & Administration Office Grimsby Institute University Centre
 Freepost DC1284, Nuns Corner, Grimsby, DN34 5BQ**

 **Or email to: headmissions@grimsby.ac.uk**