

Health-related part-time study application form

Please complete this form in **BLOCK CAPITALS**.

Personal data provided on your application form will be entered onto the University's computerised record system.

This data will, at all times, be used strictly in accordance with the principles laid down by the Data Protection Act (1998).

PLEASE READ THE NOTES PAGE BEFORE COMPLETING THIS APPLICATION FORM

1. NAME & ADDRESS

Surname/Family name:

Forename:

Middle name (s):

Title (Mr/Mrs/Ms/Miss/Other):

Maiden name/previous family name (*if applicable*):

Permanent address:

Town:

Country:

Postcode:

Evening phone:

Day phone:

Mobile phone:

Email address:

Correspondence address (*if different*) Date from: / / Date to: / /

Town:

Country:

Postcode:

Evening phone:

Day phone:

2. PERSONAL DETAILS

Date of birth: DAY / MONTH / YEAR

Gender: Male Female

Country of birth:

Nationality:

Have you attended the University of Paisley, Bell College or the University of the West of Scotland before? Yes No

If YES, please give previous course:

Year of attendance:

If your surname was different as a previous student, please state your surname at the time:

(*you should supply a copy of supporting documentation to confirm*)

Student/Banner ID number:

Are you currently a student at the University? Yes No

If YES, please give Student/Banner ID number:

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Date application rcvd:

Banner No:

Passed to EGA:

Modules checked:

Prog title checked:

Program: 35 / 36 / 40 / 48 / 49 / other

Campus: Ayr / Dumfries / Hamilton / Paisley

Field of study: NUST / INPS / MIDW

Graduating: **Yes** – 9 C D M / **No** – Z

Minor (if applicable): CACR / FMHL / GRNT / PLTC / PSIN / THIV / CMHL / ORTH / ADST

PIAT

PUAP

PTAD

SOAPCOL

Modules on

Hold?

Offer letter checked and sent: Date

Initials

Notes:

Disability declared: Yes/No

Added to DB: Yes/No

Initials:

Date:

6. COURSE/MODULE CHOICE

OFFICE USE ONLY			TRIMESTER (1, 2 OR 3)	MODULE CODE	MODULE TITLE	MODE (SEE KEY)	LOCATION (SEE KEY)	DAY/TIME (SEE KEY)
O	B	CRN						

IN THE EVENT OF YOUR CHOSEN MODULES BEING UNAVAILABLE, PLEASE INDICATE ALTERNATIVES:

MODE: D – Day, E – Evening, DL – Distance Learning

DAY/TIME – eg Mon/9.30 am – 4.30 pm

LOCATION: A – Ayr, D – Dumfries, H – Hamilton, P – Paisley (for other locations, eg Ayrshire Hospice, please state)

PLEASE INDICATE THE NUMBER OF MODULES YOU WISH TO STUDY WITH US THIS ACADEMIC SESSION: _____

Please indicate if you are studying any other modules/courses this academic session:

at the University at another institution (which institution?) _____

Title of module/course: _____

Please indicate which qualification you are working towards:

- | | |
|---|--|
| <input type="checkbox"/> BSc Inter Professional Studies | <input type="checkbox"/> BSc Nursing Studies |
| <input type="checkbox"/> BSc Inter Professional Studies with Alcohol & Drug Studies | <input type="checkbox"/> BSc Nursing Studies with Community Health |
| <input type="checkbox"/> BSc Inter Professional Studies with Cancer Care | <input type="checkbox"/> BSc Nursing Studies with Orthopaedic Nursing |
| <input type="checkbox"/> BSc Inter Professional Studies with Forensic Mental Health | |
| <input type="checkbox"/> BSc Inter Professional Studies with Gerontology | <input type="checkbox"/> BSc Midwifery Studies |
| <input type="checkbox"/> BSc Inter Professional Studies with Palliative Care | |
| <input type="checkbox"/> BSc Inter Professional Studies with Psychosocial Interventions | <input type="checkbox"/> Stand-alone/Continuing Professional Development |
| <input type="checkbox"/> BSc Inter Professional Studies with Therapeutic Interventions | <input type="checkbox"/> Other _____ |

Do you intend to exit with a University award this session? Yes No

7. DISABILITY DISCLOSURE

If you have a disability that requires support, please indicate below (by circling the appropriate character) and complete the enclosed disability declaration form. If not enclosed this form can be completed and submitted online at www.uws.ac.uk/enablingsupportrequest or requested via telephone on 0141 848 3518.

No known disability	0
You have a specific learning difficulty (for example, dyslexia)	1
You are blind/partially sighted	2
You are deaf/have hearing impairment	3
You are a wheelchair user/have mobility difficulties	4
You require personal care support (please specify below)	5
You have mental health difficulties	6
You have an unseen disability, eg diabetes, epilepsy, asthma, or a heart condition	7
You have multiple disabilities	8
You have a disability not listed above	9
You have Autistic Spectrum Disorder	T

Please provide details of any special or extra facilities or support you may require below:

Do you have any difficulty ascending or descending stairs? YES / NO (please circle)

If yes, you will be contacted to discuss evacuation procedures.

NB: LATE APPLICATIONS MAY RESULT IN A DELAY IN THE PROVISION OF APPROPRIATE SUPPORT.

Notes section

IMPORTANT NOTE:

PLEASE ENSURE YOU COMPLETE AND RETURN THIS SECTION OF THE FORM (SECTION 11).

IT WILL BE DETACHED FROM YOUR MAIN APPLICATION FORM PRIOR TO REFERRAL TO AN ADMISSIONS OFFICER.

SECTION 1:

We need details of previous names to make sure we do not create new records for a person whose details are already held in our systems. A copy of documentary evidence will be required. If you would like University correspondence to go to an address other than your permanent address please indicate this in the "Correspondence Address" section.

SECTION 4:

The information about the last educational institution you attended is required by the Higher Education Statistics Agency (HESA). Previous school qualifications need not be completed if you are applying for Continuing Professional Development or non-award bearing courses.

The information about Further/Higher or professional qualifications already held enables the University to consider whether or not you meet any entry criteria that might apply. The information may also help to establish entitlement to credit towards the award for which you wish to study.

Please enclose photocopies of certificates. Originals will be required at a later date. (Please note that these will not be required if applying for CPD or a non-award bearing course). Professional registration numbers and employment details are required in order to check entitlement to enter relevant courses.

SECTION 6:

This information helps us to make sure we refer your application to the right person.

In selecting module choices, please use the titles and codes contained in the relevant University prospectus. The prospectus will indicate which modes of study are available for each module (day, evening, open or distance learning).

If you are unsure of which modules to pick please contact an advisor.

SECTION 7:

This information is asked for in order that the University can contact you to discuss any support needs, or reasonable adjustments that may be required in relation to your disability, during your period of study. You are advised to contact the Lifelong Learning Academy or the Enabling Support Team as soon as possible if you need support.

This information is also required by the Higher Education Statistics Agency (HESA) and to ensure that the University complies with the Special Educational Needs and Disability Act 2001 (SENDA).

SECTION 8:

Relevant criminal convictions are those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offences involving unlawful supplying of controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. If you enter x in this box we will ask you for further information. If you are applying for courses in teaching, health, social work and courses involving work with children or vulnerable adults you must tell us about any criminal convictions, including spent convictions and cautions (including verbal cautions).

The University will send you the appropriate documents to fill in if necessary.

SECTION 9:

This information is requested so that we can monitor the effectiveness of publicity campaigns.

SECTION 10:

The declaration is required for a valid application.

SECTION 11: ETHNICITY

The University recognises and values the benefits of a multicultural University, and is committed to ensuring that applicants are treated equally, irrespective of race, colour, nationality, ethnic or national origins. In order for the University to monitor the impact of policies you are invited to assist by providing details of your ethnic origin. This information will not be available to anyone making a decision on your application.

Which of the following best describes your ethnic origin?

Please circle the appropriate number in the list below:

White - British	11
White - Irish	12
White Scottish	13
Irish Traveller	14
Other White background	19
Black or Black British - Caribbean	21
Black or Black British - African	22
Other Black background	29
Asian or Asian British - Indian	31
Asian or Asian British - Pakistani	32
Asian or Asian British - Bangladeshi	33
Chinese	34
Other Asian background	39
Mixed - White and Black Caribbean	41
Mixed - White and Black African	42
Mixed - White and Asian	43
Other Mixed background	49
Other Ethnic background	80
Not known	90

Surname/Family name:

Forename:

FOR OFFICE USE:

Banner ID number:

Entered (inits and date):

Application form (notes)

Please complete the information request overleaf and return with your completed application form.

Need help making your choice?

For further information or educational guidance please contact us on:

Tel: 0141 848 3656 (Paisley)

e-mail: hnsu@uws.ac.uk

Returning your completed application form

If you are applying for part-time study at the University, please return your form to:

Lifelong Learning Academy

University of the West of Scotland

Paisley Campus

Paisley PA1 2BE

Scotland, UK