



2018/2019 MSc COURSE APPLICATION FORM

Applicants should supply relevant information on BOTH sides of this form.

FULL NAME, NATIONALITY, DATE OF BIRTH AND COUNTRY OF RESIDENCE ARE ESSENTIAL FOR OUR RECORDS
(Please complete in BLOCK CAPITALS)

Please indicate which year you plan to start your course: **Sept. 2018** **Sept. 2019**

SURNAME: _____ **Mr** **Mrs** **Ms** **Miss** **Other:** _____

FORENAMES: _____ **DATE OF BIRTH:** _____

National Insurance Number: _____ **Nationality:** _____

Country of Residence (for last 3 years): _____ If less than 3 years please state date of entry to UK: _____

Permanent Address: _____

_____ **Post Code:** _____

Tel. No. - Home: _____ **Work/mobile:** _____ **Email:** _____

Emergency contact: Name: _____ **Telephone:** _____

White

- 31. English / Welsh / Scottish / Northern Irish / British
- 32. Irish
- 33. Gypsy or Irish Traveller
- 34. Any Other White Background

Asian / Asian British

- 39. Indian
- 40. Pakistani
- 41. Bangladeshi
- 42. Chinese
- 43. Any other Asian background

Mixed / Multiple ethnic groups

- 35. White and Black Caribbean
- 36. White and Black African
- 37. White and Asian
- 38. Any other Mixed / multiple ethnic background

Black / African / Caribbean / Black British

- 44. African
- 45. Caribbean
- 46. Any other Black / African / Caribbean background

Other ethnic group

- 47. Arab
- 98. Any other ethnic group

Do you have a disability, health problem or learning difficulty? **Yes** **No**

(If YES please tick all that apply to you – if you have ticked more than one please **circle** the one that you think has the most impact on your learning)

- | | | |
|---|--|--|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other specific learning difficulty |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Other medical condition (eg epilepsy, asthma, diabetes) |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Moderate learning difficulty |
| <input type="checkbox"/> Mental health difficulty | <input type="checkbox"/> Aspergers Syndrome | <input type="checkbox"/> Severe learning difficulty |
| <input type="checkbox"/> Profound/complex disabilities* | <input type="checkbox"/> Social and emotional difficulties | <input type="checkbox"/> Other disability: _____ |
| <input type="checkbox"/> Temporary disability after illness or accident | <input type="checkbox"/> Prefer not to say | |

* Please tick box and provide further details: _____

Please list any support needs that you have in order to be able to attend an interview (e.g. wheelchair user)

Please indicate where you first heard of University Centre Sparsholt:

- | | | |
|--|---|---|
| <input type="checkbox"/> Exhibition / Show (1) | <input type="checkbox"/> Local Radio (2) | <input type="checkbox"/> School visit (3) |
| <input type="checkbox"/> Career office (4) | <input type="checkbox"/> Careers event / talk (5) | <input type="checkbox"/> Contacts at home (6) |
| <input type="checkbox"/> Friends (7) | <input type="checkbox"/> Work experience (8) | <input type="checkbox"/> Industry contact (9) |
| <input type="checkbox"/> Sparsholt Open Day (10) | <input type="checkbox"/> Newspaper / Magazine (11) | <input type="checkbox"/> Previous course (12) |
| <input type="checkbox"/> Web site (13) | <input type="checkbox"/> Other - Please specify _____ | |
| <input type="checkbox"/> I do not wish to receive information from University Centre Sparsholt unless it is directly associated with courses relevant to my programme of study | | |
| <input type="checkbox"/> I do not wish to be contacted by organisations other than University Centre Sparsholt | | |

COURSE DETAILS: Please use this form for **MSc** courses only.

Course applying for: _____

- Full-time** **Part-time**

For office use only: Interview date: _____

If you believe that your previous qualifications and experience could provide credit towards the programme you have applied for please tick

Do you have any unspent criminal convictions? Yes No

If 'yes' please give more details _____

The College is keen to support students to help them succeed and having a criminal conviction will not necessarily prevent you from taking up a place at University Centre Sparsholt. However failure to disclose a criminal conviction may jeopardise your place.

Last educational establishment attended: _____

From: _____ To: _____

Educational qualifications (please give as much information as possible including any qualifications for which results are not yet known):

Awarding Institution	Type/level e.g. BSc, BA	Title	Grade (or predicted grade)	Date Awarded (month/year)

Other relevant qualifications:

Personal Statement: please attach your personal statement to this application (max. 500 words).

Academic Referees - Please give **2 x full names and addresses**

Name	Name
Email address	Email address
Institution	Institution
Address	Address
Post code	Post code
Occupation	Occupation
OFFICE USE ONLY <i>sent:</i>	<i>received</i> <input type="checkbox"/>
	<i>sent:</i>
	<i>received</i> <input type="checkbox"/>

Declaration:

I certify that the information provided on this form is correct and I hereby apply for admission to University Centre Sparsholt.

Signed _____ (Student) Date _____

When complete please forward to:

MSc Courses, Admissions, Sparsholt College Hampshire, Winchester, SO21 2NF | Tel: 01962 797269 | email: courses@sparsholt.ac.uk



DATA PROTECTION ACT: This symbol tells you that information you provide is being collected and used by the College and certain other bodies. More information is available on the College website and from the Student Services Office.