

Application For  
**Foundation Degree in Health and Social Care: Associate Practitioner**



PLEASE COMPLETE THE FORM IN BLACK INK

Return completed form to:  
 Joyce Johnson, Department of Health Sciences, Area 1, Ground Floor, Seebohm Rowntree Building,  
 University of York, Heslington, York YO10 5DD

Earliest start date	State any dates you will be unavailable for interview
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How did you hear about this course?

**1. PERSONAL DETAILS**

Title	Gender	Date of Birth
Surname/Family Name		
First/given name(s)		
Postal / Correspondence Address	Home Phone contact number (including STD/area code)	
	Mobile Phone number	
	Email Address	
	Postcode	

2. SECONDARY / FURTHER / HIGHER EDUCATION	From		To	
	Month	Year	Month	Year

**3. CURRENT EMPLOYMENT DETAILS**

Job Title	
Manager's Name	Date Employment Commenced
Full Workplace Address (including ward or area if applicable)	Work Phone contact number (including STD/area code)
	Work Mobile Phone number
	Work Email Address
	Postcode





## EQUAL OPPORTUNITIES MONITORING FORM

The University of York is committed to a policy of Equal Opportunities. To enable the University to monitor the effectiveness of this policy, applicants are asked to complete this monitoring form. This information is used solely for the purpose of monitoring application and admission rates and forms no part of the selection procedure. Please return this form with your application to Admissions Team, Department of Health Sciences, Area 3, 1<sup>st</sup> Floor, Seebohm Rowntree Building, University of York, Heslington, York, YO10 5DD.

COURSE APPLIED FOR: \_\_\_\_\_

Title: Mrs  Miss  Ms  Mr  Other (please specify)

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

### DISABILITY

(a) Do you have a disability? Yes  No   
If yes, please state the nature of your disability: \_\_\_\_\_

(b) Are you a registered disabled person Yes  No   
If yes, please state your registration number: \_\_\_\_\_

### ETHNIC ORIGIN

Which one of the following groups do you feel most adequately describes your ethnic group?

White	Black Caribbean	Black African	Black Other	Indian	Pakistani	Bangladeshi	Chinese	Asian

Other (please specify): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_