

Student and Academic Support Service
Area 1, Seebohm Rowntree Building
University of York
Heslington
York YO10 5DD
Tel (01904) 321321
Fax (01904) 321320
dohs-pg-enquiries@york.ac.uk
www.york.ac.uk/healthsciences/gradschool

Date as Postmark

Dear Applicant

Thank you for your interest in studying a postgraduate module offered by the Department of Health Sciences. The application form is attached as requested. You are advised to refer to the guidance notes when completing your application to ensure that you provide all the information and documentation required to enable us to process your application fully. Once complete please return your application and equal opportunities monitoring form to the address above.

We look forward to receiving your application.

If you require any further information or advice regarding your application, please do not hesitate to contact the Postgraduate Admissions team in the Student and Academic Support Service on 01904 321321.

Yours faithfully

Dr Ada Keding

Postgraduate Admissions Tutor

# Guidance Notes for Applicants

## General Notes

1. Please complete the form in black ink and write clearly
2. Please ensure that you complete the form fully and do not leave any information blank
3. Please add any additional pages you may need; remember to add your full name on each additional page

## Your Application

### Section 1: Personal Information

Please complete this section in full.

**You must include an email address that you access on a regular basis. The university will contact you at this e-mail address to set up your student account and generate your student card on-line.**

### Section 2: Course

Please indicate the name of the course you are applying for and the approximate start date of the course you are applying for.

### Section 3: Current Employment

Please supply full details about your current workplace and job title, the name of your manager and their job title and your employing NHS Trust or the Clinical Commissioning Group for our GP Practice. If you do not work for the NHS please give your Private Sector employer name.

### Section 4: Funding

Please see http://www.york.ac.uk/healthsciences/gradschool/funding/ for the latest information. If you would like further clarification please contact the Student and Academic Support Service on 01904 321321.

NHS Trust applicants please ensure that any Trust Study Leave/Learning Leave processes have been adhered to, and that appropriate approval has been gained prior to submitting your application. Please note that if NHS applicants wish to access a funded place they are still required to comply with this process even if they will be attending the course in their own time.

### Section 5: Academic and Professional Qualifications

Your academic suitability for the course for which you have applied will be assessed based on the information you provide here so please ensure that you indicate both your professional qualification and any additional academic qualifications you have gained.

### Section 8: Signatures

Please note that if you are applying for a funded place then it is essential that your Manager’s signature appears on the form to indicate that they support your application, without it you will not be eligible for funding.

# If you have any queries, please contact us on 01904 321321 or dohs-pg-enquiries@york.ac.uk

It is a University requirement for students to enrol each academic year. Once your enrolment form has been processed you will be able to use e:vision to view and change information on your student record.

Please ensure that you have entered **ALL** the information required on this form. The information that we ask for covers the minimum statutory requirements and we will have to come back to you if there is missing information.

Please use BLOCK CAPITALS.

Please ensure any telephone numbers begin with a 0 (zero) and do not contain any characters other than numbers

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| **University Identification** |
| **Student Number (if known)** | **University username and email (if known)***e.g. xxx###@york.ac.uk* |
| **Your Data** |
| The University collects and retains certain types of data in order to fulfil its functions as an education provider, provide information for statutory returns and offer support to its students. As part of enrolment, you will be asked to either confirm existing data which you provided as part of your application or update information via questions in the task. All information will be held securely and managed in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018. For more information, please see the [Student Privacy Notice](https://www.york.ac.uk/records-management/dp/your-info/students/). [The Higher Education Statistics Agency (HESA)](https://www.hesa.ac.uk/) is the official Government agency for the collection, analysis and dissemination of quantitative information about higher education in the UK. The University of York has a statutory duty to pass certain personal data on current and former students to HESA. For more information, please see the [Student Collection Notices](https://www.york.ac.uk/records-management/dp/your-info/hesa-students/)  |

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| **Your Personal Details**  |
| **Title** | **Name** *(First name)*  *(Family name)* |
| **Official Name** *This should be your full legal name (including all given names).* *It is important this is correct as it will appear on your certificate and transcript.* |
| **Date of Birth** | **Legal Sex**  *(please circle)*

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| --- | --- | --- |
| Male | Female | Other |

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| **Your Programme** |
| **Programme title** |
| **Intended Qualification** | **Mode of Attendance** |
| **Module Name** |
| **Start date (please circle and add year)**

|  |  |  |
| --- | --- | --- |
| Sept 20\_\_\_ | Jan 20\_\_ | April 20\_\_ |

 | **Expected completion date (please circle and add year)**

|  |  |  |
| --- | --- | --- |
| Oct\_\_ | Mar\_\_ | May\_\_ |

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| **Level of Study (please circle)**

|  |  |  |
| --- | --- | --- |
| Level 5 (Diploma Level) | Level 6 (Degree Level) | Level 7 (Masters Level) |

 | **Previous Study** Have you studied this module before? (please circle)

|  |  |
| --- | --- |
| Yes | No |

*If you have studied this before you must contact the Student & Academic Support Service (**dohs-ssprd@york.ac.uk**) as repeat study is only possible in exceptional circumstances* |
| **Domicile and Nationality** |
| **Domicile** *This is the country of your main, permanent residence or where you live outside of term time.* *If you live in the United Kingdom please indicate England, Scotland, Wales or Northern Ireland.* | **Nationality***This is your legal and primary nationality. If you have dual nationality please provide both.* |
| **Your Addresses**  |
| **Home Address***(Please tell us where your permanent address is when you are not studying at the University of York. This should be within the country of domicile indicated above )* |
|  |
|  |
| **Postcode** *(zip code/area code)* |
| **Country** | **Telephone** |
| **Home email address** | **Mobile Number** |
| * *If your term time address is the same as your home address please tick here.*
 |
| **Term Time address***(Please do not enter your department address. If you do not yet know your term time address please leave this blank and update your address on the ‘Your personal details’ page in e:vision as soon as you have had confirmation of your enrolment)* |
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| **Postcode** | **Telephone** |

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| **Your Addresses** (continued) |
| **Term-time Accommodation type** *(please circle)* |
| **1** University owned | **2** Parental /guardian’s home |
| **3** Own permanent residence *(owned or rented)* | **4** Other rented accommodation *(eg term time let only. This includes private rented accommodation, including Student Castle and Foss Studios)*  |
| **5** Other | **6** Not yet known |
| **First emergency contact***(required)*  |
| **Name** | **Telephone** |
| **Address** |
|  |
|  |
| **Post code** | **email** |
| **Second emergency contact** (optional)  |
| **Name** | **Telephone** |
| **Address** |
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| **Post code** | **email** |

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| **Previous Study** |
| **The Level of your Highest Qualification**

|  |  |  |
| --- | --- | --- |
| **Was your previous study within the UK?** *(please circle)* | YES | NO |

If your study was within the UK, from the table below, please circle the level of your highest qualification to date (the highest number). This should be:* A qualification you have completed.
* Not a qualification that you are about to start or haven't yet completed.

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| **Qualification Level** |
| **0** | No formal qualifications. |
| **1** | GCSEs grade D-G, NVQ Level 1, SVQ Level 1, Level 1 Certificate, Level 1 Diploma or equivalent qualification. |
| **2** | GCSEs grade A\*-C, NVQ Level 2, SVQ Level 2, Level 2 Certificate, Level 2 Diploma or equivalent qualification |
| **3** | A Levels, Scottish Higher and Advanced Higher, Access to Higher Education Course, NVQ Level 3, SVQ Level 3, Level 3 Certificate, Level 3 Diploma, International Baccalaureate, or equivalent qualification. |
| **4** | Certificate of Higher Education (Cert HE, CHE), Higher National Certificate (HNC), NVQ Level 4, SVQ Level 4, Level 4 Certificate, Level 4 Diploma or equivalent qualification. |
| **5** | Ordinary Bachelor's degrees, Foundation degrees (e.g. FdA, FdSc, FdEng, FDA, FDS), Diplomas of Higher Education (DipHE), Higher National Diploma (HND) and other higher diplomas, Level 5 Diploma, Level 5 Certificate or equivalent qualification. |
| **6** | Bachelor's degrees with honours (BA, BSc, BEng, BEd, BPharm, BMus), PGCE, Graduate Diploma, Graduate Certificate, Level 6 Diploma, Level 6 Certificate, or equivalent qualification. Please note: this includes undergraduate first degrees in medicine, dentistry or veterinary science and MPharm. |
| **7a** | Integrated Masters qualifications: MChem, MEng, MMath, MPhys, etc. (but <i>not</i> MPharm), or equivalent qualification |
| **7b** | Postgraduate Certificate (PGCert), NVQ Level 5, SVQ Level 5, Advanced Professional Certificate - Level 7, or equivalent qualification. |
| **7c** | Postgraduate Diploma (PGDip), Level 7 Diploma, or equivalent qualification |
| **7d** | Postgraduate Masters qualifications including: MPhil, MSc, MA, MBA, MPA, MRes, MLitt, or equivalent qualification. |
| **8** | Doctorate qualifications: Doctor of Philosophy (DPhil, PhD), Doctor of Medicine (MD), Doctor of Music (DMu), Doctor of Science (DSc) or equivalent qualification. |

If your highest qualification was awarded by an institution outside of the UK please provide further details below, and include the following:* Qualification title
* Awarding institution and country
* Date qualification was awarded

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If your highest qualification is a recognised professional qualification please provide further details below, and include the following:* Qualification title
* Awarding institution
* Date qualification was awarded

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| **Employment Details** |
| **Current Employment** (please tell us your post) | **Employing Authority** (please tell us the full name of your NHS Trust, Clinical Commissioning Group or private sector employer) |
| **Workplace Address (including postcode)** |  |
| **Name of ward or unit** |  |
| **Name and Job Title of your Manager/Employer** |  |
|  |
| **Funding**  |
| **Please indicate who will be funding your studies** (please circle)

|  |  |
| --- | --- |
| NHS through Health Education England (Yorkshire & Humber) | Employer |
| Self | Jointly by self and Employer |
| Other (please specify) |

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| **Organisation Approval** |
| **Manager’s Approval**As the applicant’s manager I have discussed this application with the above named person and consider it in their interest to undertake this module/programme of study.I confirm my support for this applicant to attend for the duration of the module/programme of study and where feasible work patterns will be adjusted to support attendance. I certify that the applicant demonstrates the values of the NHS constitution within their current working practices.  |
| **Supporting Manager/Employer’s Name** (please print) |
| **Supporting Manager/Employer’s Signature** | **Date** |
| ***On receipt of your supporting manager/employer’s approval please forward your application to your organisation’s Training or Learning and Development Department for approval****.*  |
| **Organisation Training or Learning and Development Department authorisation.** I verify that the above named applicant has been granted organisational approval to undertake this module/programme of study. |
| **Organisation Training or Learning and Development Lead Name** (please print) |
| **Organisation Training or Learning and Development Lead Signature** | **Date** |

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| **Your Data** |
| The University is committed to providing equality of opportunity for all students and to improving the experience of students from different backgrounds. To do this we need to know more about our student population. We need to collect certain information from you in order to:* Better understand your different needs
* Provide the best possible service to students with particular requirements
* Monitor the educational experience of students from different groups
* Ensure our policies and practices are fair and inclusive
* Meet the University’s statutory reporting requirements

This information is used to:* Inform the development of services which meet the needs of our students
* Monitor the University’s progress on equality through statistical analysis of the information you provide

The University has to comply with strict laws about how the information you provide is used and stored. The University is bound by the Data Protection Act. You will be asked to agree to the University’s [Data Protection statement](http://www.york.ac.uk/records-management/dp/your-info/students/) as part of this enrolment form.  |
| **Special Category Data**  |
| The University is committed to providing equality of opportunity for all students and to improving the experience of students from different backgrounds. To do this we need to know more about our student population.We need to collect certain information from you in order to:* Better understand your different needs
* Provide the best possible service to students with particular requirements
* Monitor the educational experience of students from different groups
* Ensure our policies and practices are fair and inclusive
* Meet the University’s statutory reporting requirements

This information is used to:* Inform the development of services which meet the needs of our students
* Monitor the University’s progress on equality through statistical analysis of the information you provide

The University is bound by the General Data Protection Regulation and Data Protection Act 2018. For further information on how your data will be used, stored and shared please see Privacy Notice for Students You do not have to provide this information: there is an "Information Refused/ Prefer not to Say" option for all the mandatory questions.The categories listed are not set by the University; they are set by funding bodies. |

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| **Special Category Data** (continued) |
| **Ethnic Origin** *(please circle; the origins are in alphabetical order)*

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| --- | --- | --- | --- |
| **50** | Arab | **43** | Mixed - White and Asian |
| **33** | Asian or Asian British - Bangladeshi | **42** | Mixed - White and Black African |
| **31** | Asian or Asian British - Indian | **41** | Mixed - White and Black Caribbean |
| **32** | Asian or Asian British - Pakistani | **39** | Other Asian background |
| **22** | Black or Black British - African | **29** | Other Black background |
| **21** | Black or Black British - Caribbean | **80** | Other Ethnic background |
| **34** | Chinese | **49** | Other Mixed background |
| **15** | Gypsy or Traveller | **10** | White |
| **98** | Information refused/prefer not to say |

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| **Religion** *(please circle)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 01 | No religion | 02 | Buddhist | 03 | Christian |
| 10 | Hindu | 11 | Jewish | 12 | Muslim |
| 13 | Sikh | 14 | Spiritual | 80 | Any other religion or belief |
| 98 | Prefer not to say/Information refused |

**Sexual Orientation** *(please circle)*

|  |  |  |  |
| --- | --- | --- | --- |
| **01** | Bisexual | **04** | Heterosexual |
| **02** | Gay man | **05** | Queer/Asexual/Other |
| **03** | Gay woman/lesbian | **98** | Information refused/prefer not to say |

**Disability** *(please circle)*

|  |  |  |  |
| --- | --- | --- | --- |
| A | No known disability | G | Learning difficulty such as dyslexia, AD(H)D |
| B | Asperger's syndrome / other autistic spectrum | G1 | Dyspraxia |
| C | Blind / visual impairment | H | Wheelchair user / mobility difficulties |
| D | Deaf / hearing impairment | I | Other disability |
| E | A long standing illness or medical condition | I1 | Personal Care Support |
| F | A Mental health condition | J | Multiple disabilities |

**Disability Students’ Allowance (DSA) funded by the Student Loans Company (SLC) or Student Awards Agency Scotland (SAAS) if applicable***(please circle)**If you do not have a disability you should leave the following question blank; this question is only applicable if you have a disability.* *If you have an application for Disabled Students’ Allowance which is pending you should select “I have a disability as specified above and am NOT in receipt of Disabled Students Allowance”.*

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | I have a disability as specified above and am in receipt of Disabled Students’ Allowance | 5 | I have a disability as specified above and am NOT in receipt of Disabled Students’ Allowance |

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| **Student Support** |
| The following section helps us identify and tailor our services to offer support to certain groups of students. Your response will be used by Student Support to inform you (by email) of specific advice and initiatives which may be of interest. For example, we may be able to offer a bursary to eligible students who have spent time in care. You can opt out of receiving these emails at any time by responding to the email and indicating that you wish to be unsubscribed from any future correspondence. |
| **Students with dependants** *For the purposes of this question a dependant is a person who is a young person or child, a spouse (i.e. your husband, wife or civil partner), partner, family member or other person who is primarily dependent on you for financial and other support.* |

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| **Student Support** (continued) |
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| --- | --- | --- |
| **Do you have any dependents?** *(please circle)* | YES | NO |
| **Type of dependants** *(please circle all that apply)* |
| 01 | Young person or child |
| 02 | Other relative |
| 04 | Both young person or child and other relative |
| 05 | Spouse or partner |
| 06 | Both spouse or partner and young person or child |
| 07 | Both spouse or partner and other relative |
| 08 | Spouse or partner, young person or child and other relative |
| 09 | Other type(s) of dependant(s) not specified above  |
| **Are any of your dependents under the age of 16?** *(please circle)* | YES | NO |

**Students with caring responsibilities** *If you are caring for a family member or relative, please answer the following question.* *You may find useful information and support at the following webpage https://www.york.ac.uk/students/support/carers/*

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| --- | --- | --- |
| **Do you currently care for a family member or relative who needs support due to an illness, disability, mental health condition or an addiction?** *(please circle)* | YES | NO |

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| **Students who have spent time in care** For the purpose of this question, spending time in care means that you were provided with accommodation by a local authority (for example, in foster care, kinship care, a residential school, secure unit or children's home), either on a voluntary basis or by means of a legal process for more than 3 months.You may find useful information and support at the following webpage <https://www.york.ac.uk/students/support/care-leavers/>

|  |  |  |
| --- | --- | --- |
| **Have you spent time in care?** *(please circle)* | YES | NO |
| Prior to, and including your 16th birthday, did you spend more than 3 months in care, and not under the legal care of your parents? *(please circle)* | YES | NO |
| Since the age of 16, have you spent more than 3 months in care? *(please circle)* | YES | NO |

**First generation in family to go to University**

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| **Do any of your parents (including natural parents, adoptive parents, step-parents or guardians who have brought you up) have any higher education qualifications, such as a degree, diploma or certificate of higher education?** (*please circle)* |
| **1** | Yes |
| **2** |  No |
| **8** |  Don’t know |
| **9** |  Information Refused |

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| **Completing Enrolment** |
| Please read and agree with the statements in the **‘Confirmation and Signature’** section below by ticking each box, and then sign and date the form. Please note your enrolment CANNOT be completed if you do not:1. Confirm that the data you have provided during this process is complete and accurate to the best of your knowledge.
2. Agree to abide by the University's Ordinances & Regulations.
3. Agree to abide by the Library Regulations,
4. Confirm you have read and understood the Student Privacy Notice.

If you require further information or for specific queries on the above please contact the following: University's Ordinances & Regulations - Student Services (student-records@york.ac.uk)Library Regulations - University Library and Archives (lib-enquiry@york.ac.uk)Data Protection - Data Protection Officer (dataprotection@york.ac.uk) |
| **Confirmation and Signature** |
| * I have provided all of the information required on this form
* I have checked through the form and made any changes required
* I have provided full address information (including postcode) for 2020/1
* University card - I will upload my photograph online at <https://evision.york.ac.uk> when my access is confirmed (new entrants only)
* I confirm that the information given on this form is correct to the best of my knowledge
* I undertake to comply with the requirements of the University’s Ordinances and Regulations a copy of which is available online <http://www.york.ac.uk/about/organisation/governance/governance-documents/ordinances-and-regulations/>. On arrival at the University you may request a hard copy of these regulations
* I undertake to comply with the requirements of the University Library regulations a copy of which is available online <http://www.york.ac.uk/library/contact/regulations/> a copy of which is available online
* I confirm that I have read and understood the Student Privacy Notice a copy of which is available online [www.york.ac.uk/records-management/dp/your-info/students/](http://www.york.ac.uk/records-management/dp/your-info/students/)

**SIGNATURE …………………………………………………. DATE ……....………..**  |