**Faculty of Health:**

**Professional Development Unit**

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| ACADEMIC YEAR 2023-24 **Partnership Application Form** | | |
| University Registration Number:  (if known)  If you have previously enquired or studied at the University of Plymouth please indicate here:  Yes / No(please circle)  I wish to apply for a place on the following module: | | |
| **Module Title** | **Module Code** | **Start Date** |
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| **PERSONAL DETAILS** | |
| Surname:  (if changed please ask for Change of Name form) | Full Forename(s): |
| Maiden Name: | Previous Name(s): |
| Title:  (Mr/ Mrs/ Miss/ Ms etc) | Preferred Name: |
| Date of Birth: | Nationality:  (proof of EUSS / Visa / ILR to be attached if non UK Student) |
| Professional Body: | Professional Body PIN Number: |
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| **CORRESPONDENCE DETAILS** | |
| Home Address (inc postcode): | Home Telephone No:  Mobile Telephone No:  Home Email:  Work Email: |

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| **EMERGENCY CONTACT DETAILS** | |
| Contact Name:  Address (inc postcode):  (if different from above) | Relationship:  Contact No: |

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| **PARENTAL EDUCATION** |
| Do any of your parents have any higher education qualifications such as a degree, diploma or certificate of higher education?  Yes / No / Don’t Know / I don’t wish to say(please circle) |

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| **PROGRAMME OPTIONS** |
| Please visit <https://www.plymouth.ac.uk/courses/undergraduate/bsc-professional-development-in-health-and-social-care> for information on the Programme and Pathway options available to you. If you know which programme you wish to undertake please indicate it here: |

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| **QUALIFICATION DETAILS** | | | |
| Important: You must provide the information on your highest academic qualification achieved, which should include qualifications gained at other institutions. We are required to report this information to the Higher Education Statistics Agency. | | | |
| **Qualification / Subject** | **Grade** | **Date Achieved** | **Institution** |
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| APPLICANT DECLARATION (Please sign to indicate your agreement with the following statement) |
| By signing this form, I acknowledge that I intend to take up a place on the module indicated, confirm that I understand the criteria of entry, and meet the necessary requirements. I agree to undertake the assignments associated with this module. I will keep the University informed of any changes to my information.  Signed: Date: |

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| **DISABILITY STATUS** | |
| Do you have an impairment, health condition or learning difference that has a substantial and long-term impact on your ability to carry out normal day-to-day activities?  **If you have a disability**  The University is very supportive of students with disabilities, and year-on-year we make adjustments to assist students with special arrangements. It may be that we have already put in place changes which will assist you, but unless we know what your needs might be, we cannot guarantee that that will be the case. If we can identify your needs sufficiently far in advance of when you intend to start a course at the University, we are better able to put in place appropriate arrangements, or, if there is a health and safety issue or an issue about the expectations of students on the course, to advise you on alternative options. Please note that all offers are made on academic grounds.  You may be asked for additional information or invited to attend an interview with Disability Services. This is in order that we can properly assess your individual needs and ensure that we have the best possible chance of meeting them. Please do provide any information requested and come in to see staff if asked to do so, otherwise you and we could find ourselves in a position in which it is difficult or even unsafe for you to take up your place.  **If you choose not to tell us about your disability**  You may not wish to disclose your disability at this point. However, we may not be able to meet your individual needs if we do not have the opportunity to assess them in advance, and that could impact on your experience of the course or even your ability to take up your place.  You may feel that you would prefer to speak to someone confidentially about disclosure or that you require further information to help you decide. If this is the case, please telephone +44 (0)1752 587676 or email Student Services at [studentservices@plymouth.ac.uk](mailto:studentservices@plymouth.ac.uk).  Please tell us about any disability - even if you do not think it will affect you while you are at the University - and respond positively to any requests for further details or for an information interview. | |
| Please select from the following:  Please tick the relevant box. | |
|  | A learning difference such as dyslexia, dyspraxia or AD(H)D |
|  | A social / communication condition, such as Asperger’s Syndrome / other |
|  | autistic spectrum disorder |
|  | A long-term illness or health condition such as cancer, HIV, diabetes, chronic heart |
|  | disease, or epilepsy |
|  | A mental health condition, such as depression, schizophrenia or anxiety disorder |
|  | A physical impairment (a condition that substantially limits one or more basic physical |
|  | activity, such as walking, climbing stairs, lifting or carrying) |
|  | Deaf or have a hearing impairment |
|  | Blind or have a visual impairment uncorrected by glasses |
|  | A development condition that you have had since childhood which affects motor, |
|  | Cognitive, social and emotional skills, and speech and language |
|  | No known impairment, health condition or learning difference |
|  | A disability, impairment or medical condition that is not listed above |
|  | Prefer not to say |
|  | Not available |
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| Do you receive Disabled Students’ Allowance (DSA)?  Please tick the relevant box. | |
|  | I have a disability and am in receipt of DSA |
|  | I have a disability but do not receive DSA |
|  | I have a disability but have not applied for DSA |
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| **DISABILITY DISCLOSURE** |
| **If you have indicated above that you have a disability, please sign the relevant section below:**  **YES**  I agree to relevant information about my disability and/or support arrangements being disclosed to those lecturing and administrative staff who have a need to know. In the event that I do not take up a place I understand that this information will be shredded within a reasonable period.  Signature: Date: |
| **NO**  I do not agree to disclosure about my disability and understand that this may limit the support I receive. I agree to inform Student Services if I reconsider this decision.  Signature: Date: |

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| **ADDITIONAL INFORMATION** |
| In order that the University of Plymouth can meet our legal requirements to the Higher Education Statistics Agency (HESA), the University compiles statistics on the sexual orientation, gender, religious beliefs and ethnicity of its students.  We will treat your data with respect, and in accordance with the General Data Protection Regulations (GDPR). You can find further details on how the University uses your personal details by reading our Information Governance Policies here: [Information Governance Policies](https://www.plymouth.ac.uk/students-and-family/governance/information-governance/policies)  **This information will not be taken into consideration when assessing your suitability for a module.** |

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| **Care Leaver options:**  Please tick the relevant box. | | | |
|  | Care experienced |  | No experience of care |
|  | Care leaver |  | Not available |
|  | Self-declared care experience but |  | Prefer not to say |
|  | not confirmed |  | Not known |
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| **Ethnic Origin:**  Please tick the relevant box (the categories are approved by the Commission for Racial Equality and the Higher Education Statistics Agency).  As a requirement of the Race Relations Amendment Act (2000) we need to know your ethnic origin for the purpose of monitoring equality of opportunity to all ethnic groups, highlighting possible inequalities and enabling the implementation of action to remove any barriers and discrimination. | | | |
|  | Arab |  | Mixed or multiple ethnic groups: |
|  |  |  | White (or White British) and Asian (or |
|  | Asian or Asian British: |  | Asian British) |
|  | Bangladeshi or Bangladeshi British |  | White (or White British) and Black |
|  | Chinese or Chinese British |  | African (or Black African British) |
|  | Indian or Indian British |  | White (or White British) and Black |
|  | Pakistani or Pakistani British |  | Caribbean (or Black Caribbean British) |
|  | Any other Asian background |  | Any other mixed or multiple ethnic |
|  |  |  | background |
|  | Black or Black British: |  |  |
|  | African or African British |  | White: |
|  | Caribbean or Caribbean British |  | English, Scottish, Welsh, Northern Irish |
|  | Any other Black background |  | Or British |
|  |  |  | Gypsy or Irish Traveller |
|  | Any other ethnic background |  | Irish |
|  | Not known |  | Roma |
|  | Prefer not to say |  | Any other white background |
|  | Not available |  |  |
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| **Religion:**  Please tick the relevant box. | | | |
|  | Buddhist |  | Muslim  Sikh |
|  | Christian (including any Christian |  |
|  | denominations) |  | Any other religion |
|  | Hindu |  | None |
|  | Jewish |  | Prefer not to say |
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| **What is your gender?**  (as recorded on one of your legal documents such as Birth Certificate, Gender Recognition Certificate or Passport?) | | | |
|  | Male |  | Female |
|  | Other |  |  |
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| **What is your preferred gender?** | | | |
|  | Male |  | Female |
|  | Other (please specify): |  | Prefer not to say |
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| **Sexual Orientation:**  Please tick the relevant box. | | | |
|  | Bisexual |  | Heterosexual |
|  | Gay Man |  | Other |
|  | Gay Woman / Lesbian |  | Prefer not to say |
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| **Do you identify as transgender:**  Please tick the relevant box. | | | |
|  | Yes |  | No |
|  | Prefer not to say |  |  |
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