



Registry

**A large-print version of this document is available, and alternative formats can be provided on request. Please contact Registry on 020 7612 6043 for further information.**

**Application for admission to the course leading to a Foundation Degree:  
Professional Practice in the Lifelong Learning Sector**

**Start Date** .....

Please complete this form carefully in black ballpoint pen or black typescript and return to:  
**Recruitment and Admissions, Institute of Education 20 Bedford Way, London WC1H 0AL**

All applicants are asked to complete the equal opportunities monitoring form which is also enclosed and to ensure the enclosed Employer's Form is completed.

**SECTION A: Personal Details**

Surname		Title (Mr/Mrs/Ms)	
Other name(s)			
Correspondence address			
Permanent address (if different from above)		Home Tel. No.	
		Work Tel. No. Mobile Tel. No.	
Email address			
Date of birth	Place of birth	Country of domicile	Nationality
First language		Other language(s)	

**Disability:** Do you have any disabilities or special needs that you would like to bring our attention? Yes No  
(please tick as appropriate)

If YES, we will contact you about support available at the Institute of Education

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**SECTION B: Education, Qualifications and Professional Development**

please complete in order throughout, the most recent first

**B(i) Education/Qualifications****Schools & Colleges attended from the age of 11**

Institution(s) attended (Schools, Colleges, etc)	Subject	Title of qualification (eg GCSE, GNVQ, BTEC)	Dates		Class / Grade / Level, if applicable
			From	To	

**B(ii) In-service training and courses attended**

Institution(s) attended (Schools, Colleges, etc)	Subject	Title of qualification (eg GCSE, GNVQ, BTEC)	Dates		Class / Grade / Level, if applicable
			From	To	

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**Additional Personal Information**

Please complete in your own writing, continuing on no more than one A4 sheet if necessary.

**SECTION E: Fees**

Please give here the name and address of the LEA of your home area

Will you be applying to the LEA in connection with the payment of your course fees? Yes  No   
(please tick as appropriate)

If you answered No to the above, from what source will you your fees be paid? Self  Employer  Other   
(please tick as appropriate)

**SECTION F:**

Confirmation from employer. You are required to ask your employer to provide a supporting statement on the form supplied separately. Please note below the name and address of the employer to whom you are passing this form.

Name of Employer

Address

Telephone

Email

**SECTION G: Other information**

Please help us by letting us know how you heard about this course eg. advertisement, personal recommendation etc.

**Declaration:** To the best of my knowledge the statements on this application are true, accurate and complete. I understand that if offered a place, I will be required to submit documentary evidence of the qualifications named in this application. If admitted to the Institute of Education I agree to agree to abide by its rules, regulations and student code of conduct.

Signed

Date

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