



Registry

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Application for admission to the course leading to a Foundation Degree in *Working with Children: Education and Well-Being*

Start Date

Please complete this form carefully in black ballpoint pen or black typescript and return to:
Registry (Foundation Degree), 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

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	

SECTION C: Employment History**C(i) How many years have you been employed working with children?****C(ii) Experience working with children**

Description of work hours per week	Work place/setting (eg school, children's centre, foster carer)	Dates	
		From	To

C(iii) Other work experience

Description of work hours per week	Employer	Dates	
		From	To

SECTION D: Principal reasons for wishing to study for the Foundation Degree

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

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
