

For Admissions Office Use:			
Selector's Name:			
Application No:			
Choice No: Fee Status:			

Application for <u>ADVANCED CERTIFICATE</u>: LANGUAGE AND COMMUNICATION IMPAIRMENT IN CHILDREN (LACIC)

PLEASE RETURN THIS FORM TO:

hcs-support@sheffield.ac.uk

PLEASE CONSULT THE GUIDANCE NOTES ON PAGE 6 BEFORE COMPLETING THIS FORM and read the specific course information at:

https://www.sheffield.ac.uk/health-sciences/undergraduate/hcs-courses/certificate

Section A: Personal Details				
1 Surname / Family Name:	2 Title: Mrs/Ms/Miss/Mr			
3 Forename(s):	4 Date of Birth:			
5 Sex: Male Female 6 Marital Status: Married Single	7 Nationality:			
8* Registration No. (If currently registered at this University)				
9 Student HESA number (UK students only, if known)				
	<u></u>			
10 Address for correspondence:	Tel No:			
	Fax No:			
	T AX NO.			
	Email:			
Section B: Proposed Programme of Study				
11 Advanced Certificate in Language and Communication Impairment in Childre	n (part-time by distance learning)			
12 In which year do you wish to commons your study? (The course starts in let	a Contember of each year)			
12 In which year do you wish to commence your study? (The course starts in late	e September of each year)			
Section C: Funding				
occurrent of turning				
13* Where will you have been resident for the three-year period immediately bef	ore the start of your course?			
Within the United Kingdom Within the European Union	Outside the UK or European Union			
14 If within the UK, have you always lived in this country? Yes	No			
15 If you have not always lived in the UK, do you currently hold:				
British Passport Visa Please state the type of visa you hold a	and the expiry date:			
Thease state the type of visa you hold a	and the expiry date.			
Please give the date you last entered the UK:				
Please list the countries you have lived in and the dates you were resident there	:			
Country From	То			
				
16 Likely source of finance (if known)				
				
17 Is this funding Definite or Proposed ?				

¹ Application Form - Advanced Certificate: Language and Communication Impairment in Children, University of Sheffield

If you are being sponsored for your fees, please obtain a letter from your sponsor confirming this and send it in with your application.							
Section D	: English Language Qualifi	ications					
18 Please s	tate your first spoken language						
19 If not 'En	glish', was your previous educa	tion undertaken t	through the me	edium of En	glish? Yes		No
20* Please i	indicate details of any English La	anguage qualifica	ations which y	ou possess	(e.g. IELTS, T	OEFL):	
Qualification	ns	Awarding Body	У		Grade / Scor	е [Date of Award
Section E: Previous Education and Employment							
21 Please provide details, including results, of all examinations or qualifications taken, or to be taken. PLEASE ATTACH CLEAR SCANNED/PHOTOGRAPHED COPIES OF CERTIFICATES.							
Dates From - To	College / Institution	on	Award	Su	bject	Grade	Date of Award (mm / yy)
							,

22 Please provide details of any employment undertaken within the last three years

From Month/Year	To Month/Year	Name and address of employer	Post held

Section F: Disability

If you have a disability, it's important to let us know so that we can make sure you get the support you need. The information is not used by departments when they consider your application.

Please circle the section that applies to you:

000	I do not have a disability and am not aware of any additional support requirements	070	An unseen disability (e.g. diabetes, epilepsy, asthma)
	any additional support requirements		
020	Blind or partially sighted	080	Multiple disabilities
030	Deaf or hearing impaired	100	Autistic Spectrum Disorder (e.g. Asperger's Syndrome)
040	Wheelchair user or mobility difficulties	110	A specific learning difficulty (e.g. dyslexia)
050	Personal care support needed	960	A disability not listed here
060	Mental health difficulties	970	Information withheld

	any additional support requirements		
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030	Deaf or hearing impaired	100	Autistic Spectrum Disorder (e.g. Asperger's Syndrome)
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060	Mental health difficulties	970	Information withheld
_			-

Yes

No

If yes, please give brief details of your disability and any related support needs.

24 Does your disability mean that you have additional support needs?

25 If you are resident in the UK, are you currently receiving or have you ever received a Disabled Students Allowance? Yes/No

Section G: References

26 Please supply names and addresses of **two** referees who will supply references. State for how long, and in what capacity, the referees have known you. PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR ASKING YOUR REFEREES TO SEND THEIR REFERENCE TO US. We will not be able to make a decision on your application without references.

1.	Name:	Telephone No:
	Title:	Fax No:
	Address:	Email:
		Length of time known: (In what capacity)
2.	Name:	Telephone No:
	Title:	Fax No:
	Address:	Email:
		Length of time known: (In what capacity)

Section H: Marketing Information

27 It would be helpful if you could indicate by circling the appropriate number where you heard about the course:

10	University of Sheffield prospectus	80	Personal recommendation
20	Previously a student at Sheffield		
40	Newspaper advert (please specify)	30	Internet / www pages (please specify)
50	Journal / magazine advert (please specify)	90	Other (please specify)

Section I: Supporting Statement

28 Please attach a separate statement in support of your application (min. 300 words). Attach this information securely to your application and write your name and course applied for on each additional sheet. We will not be able to make a decision on your application without it.

Among the things you may wish to include are:

- Why you are applying for this course
- How your previous education and experience relate to this course of study
- How this course fits into your long term academic or career plans.

Please attach any additional documentation that you feel will support your application, e.g. a curriculum vitae (CV). (Please write your name and the course applied for on any additional material.)

Section J: Signature of Candidate	
I certify that the information I have given is complete and accurate. I have read romissions.	note 4 on page 5 about false statements and
Signed	Date



Equal

Opportunities

Form

Equal Opportunities

This information is treated confidentially. It is not passed on to the academic staff considering your application. We use it to keep track of the numbers of students joining us from each ethnic group. This helps us promote equality and diversity.

For details of our equal opportunities policy, visit our website.

Please circle the term you feel describes your ethnic origin. If none of the terms seems appropriate, tick Box 80. If you want to withhold this information, tick Box 98.

10	White	34	Chinese or other ethnic background - Chinese
21	Black or Black British – Caribbean	39	Asian – other background
22	Black or Black British - African	41	Mixed – White and Black Caribbean
29	Black – other background	42	Mixed – White and Black
31	Asian or Asian British – Indian	43	Mixed – White and Asian
32	Asian or Asian British – Pakistani	49	Mixed – other background
33	Asian or Asian British - Bangladeshi	80	Other ethnic background
		98	Information withheld

GUIDANCE NOTES FOR COMPLETING THIS APPLICATION FORM

These notes are intended to help you complete this Application Form and to ensure that your application can be processed efficiently.

GENERAL NOTES

- In any future correspondence with the University, please quote your application number (when assigned) and the name of the department to which you have applied for admission.
- In order to assist the University in making a decision on your application, please attach copies of relevant documentation (e.g. certificates). To avoid delays in the selection process, please ensure that references accompany the application form, or are forwarded as soon as possible by your referees.
- Data Protection Act The information contained in this application will be used for the purpose of processing your application and, if you are admitted, will form the basis of your University student record.
- All decisions by the University are taken in good faith on the basis of the statements made in your application form. If the University discovers that a candidate has made a false statement, or has omitted significant information on the application form, it is entitled to withdraw or amend its offer according to the circumstances.

GUIDANCE NOTES FOR QUESTIONS MARKED *

- Q8 This question should only be completed by existing University of Sheffield students.
- Q13 Under government legislation, the University is obliged, in common with other UK universities, to charge certain students a different tuition fee. To assist the University in determining your fee classification, please indicate where you have normally been resident for the three years prior to the commencement of your proposed studies. If this has not been entirely within the UK or EU, then please supply details (including dates) on a separate sheet of the addresses at which you have resided during the last three years. Non-EU/UK nationals who are not subject to UK Immigration restrictions should supply details, including copies of relevant documents. Note that residence wholly or mainly for educational purposes does not count as ordinary residence.
- 020Where relevant, copies of the results of any English language examinations should be attached.