



**Application for Admission to Postgraduate Study (WORK-BASED LEARNING)**

If you have studied with us previously, please give your Student Number if known:

**1. PROPOSED STUDY**

Course Title:

Tick Qualification Aim:

MSc

PG Dip

PG Cert

**2. PERSONAL DETAILS AND CONTACT INFORMATION**

Surname/Family Name:		Previous Surname/Family Name (if relevant):		Other Names (in full):		Title:	
Home address:				Work address:			
Postcode:		Home Tel:		Postcode:		Work Tel:	
Mobile No:			Email (work):				
			Email (home):				

*If possible, please provide an e-mail address that you are able to check regularly as we will use this for any correspondence*

Nationality (as stated on your passport)	Country of Birth:	Date of Birth Date month year / /	Male/Female
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**In order to comply with the latest guidance from the UKBA if your nationality is non-UK/non-EU please provide copy of your passport/Residence Permit stating you have indefinite leave to remain/permanent residency. Without this evidence you cannot be enrolled with Swansea University.**

**Criminal Convictions**

If you have a relevant criminal conviction, enter 'X' in the box

**Disability:** The University encourages you to disclose your disability, medical condition, wellbeing difficulty or specific learning difficulty to ensure that we can advise you on the range of services and adjustments we can provide. Please tick the following box(es) as appropriate:

<b>A</b>	No known disability	
<b>B</b>	Autism/Asperger's	
<b>C</b>	Blind/visually impaired	
<b>D</b>	Hearing impaired/Deaf	
<b>E</b>	Unseen disability (diabetes, epilepsy, heart condition, cancer, etc.)	

<b>F</b>	Wellbeing difficulties (including anxiety, depression and phobias)	
<b>G</b>	Dyslexia	
<b>H</b>	Wheelchair user/mobility difficulties	
<b>I</b>	Other disability	
<b>J</b>	Multiple disabilities/complex	

### 3. YOUR EDUCATION

Please give details of your first degree/Bachelor (or equivalent) qualification. You will need to provide a copy of your degree certificate and transcripts (or Diploma Supplement) of all your results. If these are in a language other than English, you must include certified translations. If your results are not known at the point of application, please indicate when your results will be known in the 'Date of Award' field and send them to [CHHSCPD@swansea.ac.uk](mailto:CHHSCPD@swansea.ac.uk) as soon as they are published. If your degree is pending at the point of application, please include a partial transcript of grades obtained to date.

**University attended** (including full address and country in which degree studied):

Name of University:

Address:

Official Name of Qualification: (e.g. Bachelor)	Bachelor Subject/major:
Result (if known):	Date of Award:

Dates of Attendance: From (dd/mm/yyyy)..... To (dd/mm/yyyy).....

Language of instruction:..... Duration of course (no. of years studied):.....

#### 3.1 PROFESSIONAL QUALIFICATIONS

Title(s) of qualification(s): .....

Date achieved or to be awarded: .....

Method of Study (full-time/part-time/distance learning): .....

Name of the institution or awarding body: .....

<b>Professional Body Registration:</b>	
<b>Number:</b>	<b>Registration Expiry Date:</b>

#### 3.2 WELSH LANGUAGE PROFICIENCY (UK STUDENTS ONLY)

Are you a fluent Welsh speaker? Yes  No

### 4. YOUR EMPLOYMENT

Please give details of any current/previous employment history (with dates) which may support your application. Candidates applying on basis of work experience must enclose a curriculum vitae/resume to illustrate skills and experience relevant to your application.

Name and address of employer:	Start date (dd/mm/yyyy)	End date (dd/mm/yyyy)	Position held and main duties: (Please state whether full or part-time)

**4. YOUR EMPLOYMENT (CONTINUED)**

Name and address of employer:	Start date (dd/mm/yyyy)	End date (dd/mm/yyyy)	Position held and main duties: (Please state whether full or part-time)

**5. SUPPLEMENTARY PERSONAL STATEMENT**

Please use this space to add information that is relevant to your application. e.g. Why do you wish to follow this programme? What benefits do you expect to gain from it? What skills and experience do you possess which make you a suitable applicant?

## 6. PROPOSED FINANCE

**Please tick one of the following:**

**Self-funding** (The University's Finance Office will send you an invoice shortly after enrolment)

**Contract funded (ABMU/Hywel Dda Staff only)**

Fee Code:

Approved Health Board signatory: .....

Print Name: .....

*Forms without an approved signature will be returned*

**Other employer/Sponsorship**

Details: .....

**Please provide further information, attaching letter from your sponsor confirming their commitment to fund you**

## 7. DECLARATION

I confirm that, to the best of my knowledge and belief, the information given on this form is true, complete and accurate. I understand that any offer of a place at Swansea University will be based upon the information given in this form. Swansea University reserves the right to establish the authenticity of my application and it reserves the right to cancel my application if it transpires that false or misleading information has been provided in support of this application by me, by my referee or by any other person acting on my behalf. If new information becomes relevant I will contact the College's Student Experience Team with full details.

I accept that the information given on this form will be retained by the University and used for the purpose of processing my application, in accordance with the provisions of the Data Protection Act 1998.

I understand that the information stored by Swansea University may be used for reporting, both internally and externally and that the University may also check the information provided by verifying qualifications with any previous educational establishment I have attended and with the UK Home Office. I understand that in some cases my application data may also be shared externally where my course been developed in collaboration with third party organisations and where staff who are external to the University have a role in the admissions selection process. If accepted onto a postgraduate programme of study, I agree to abide by the University's rules and regulations.

I agree to pay all fees associated with this study in the event of non-payment by the stipulated sponsor. I agree to abide by the Rules and Regulations of the University. I acknowledge that any work submitted electronically during the period of my enrolment at Swansea University may also be submitted via electronic plagiarism detection software.

Signature of Applicant:

Date:

**Please send your completed application form and any supporting documentation to:**

**Student Experience Services, College of Human and Health Sciences, Swansea University,  
Singleton Park, Swansea, SA2 8PP**

**Alternatively, forms may be scanned and e-mailed to [CHHSCPD@swansea.ac.uk](mailto:CHHSCPD@swansea.ac.uk)**