



Application for Postgraduate Study

Please type or print clearly in black ink.

Please attach a passport photograph here	1. Programme of study applied for
	Course Title (Please include full pathway (e.g. MSc Advanced Professional Practice in Occupational Therapy))
	Full time <input type="checkbox"/> Part time (normally UK/EU applicants only) <input type="checkbox"/>
	Start date (month/year)

2. Personal details - full names as shown on passport	
Family name/surname:	First/given name:
Title (Dr, Mr, Mrs, Ms, etc):	Professional registration (eg NMC, HPC):
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Date of birth:
Country of birth:	Nationality:
Passport No:	Have you previously applied or been a student at University of a before? If yes, quote ref no. given.
Do you require a Tier 4 visa to study in the UK: Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> (registration no.:)
Country of permanent residence:	No <input type="checkbox"/>

3. Residence	
Applicants not born in the EU please state Passport number:	
Date of arrival in the UK:	Passport expiry date:

4. Address details	
Permanent home address:	Address for correspondence (if different from home address), e.g. overseas agent
Postcode:	Postcode:
Country:	Country:
Telephone:	Telephone:
Email:	Email:

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5. English language requirements

Is English your first language? Yes No

Please list any formal English qualifications (IELTS, TOEFL, GCE, GCSE, etc).

English qualification (including Examining Body)	Result/score	Date taken

6. Educational qualifications

Please give details of your main qualifications to be considered for entry (BSc, BA, MSc, etc.). List in reverse chronological order giving most recent first. Please attach transcripts and/or certificates together with this application form or indicate when you are expecting these if currently studying.

Qualification Title	Grade or Class	Name of Institution	Awarding Body	Date of Award

7. Professional and other qualifications

Please give details of any professional qualifications held and specify whether obtained by examination, exemption from examination, or by other means. List in reverse chronological order giving most recent first. Please attach certificates together with this application form.

Qualification Title	Awarding Body	Date of Award

8. Additional information / Personal statement

Please use this space to provide any additional information that you feel might be relevant. For taught courses, please state your reasons for choosing the course (please indicate the names of staff you may have been in contact with).

If applying for a Masters degree in the Faculty of Science and Technology, please use this section to outline your scientific interests, what you want to get out of the course, and what you hope to do upon completion of the degree.

Research applicants (MPhil/PhD/Integrated PhD) should state in which research areas or specific projects offered by the department they are interested. You should include the following information:

- Aims of research project
- Theoretical/conceptual background
- Proposed research design and method
- Key references
- Alternatively you may attach your proposal as separate sheets

If replying to an advertisement a post reference is sufficient.

Students applying for research in areas related to Arts & Design or for the taught MA Fine Art should also include visual evidence with the application form (slides, CD rom, etc.) and a 500 word project proposal.

Students applying for a Creative Writing course, please include a portfolio of written creative work.

9. Funding information**Who will pay your fees?**

You or your family Government body Employer Other

Please provide details: **Sponsorship applied for?** **Approved?**
 (If appropriate attach confirmation to your application)

Contact name:**Company/Organisation:****Address:****Postcode:****Country:****Telephone:****E-mail:**

Are you PU staff member? No Yes (if yes please indicate: FT PT)

10. Employment and experience

Please give details below of employment including previous positions held with present employer. List in reverse chronological order giving most recent first.

(Note: please include a CV/résumé in addition to this information).

Name and address of employer	Title and duties of post	Dates	
		From	To

11. Referees

Please give details of two referees below. Please forward the enclosed reference forms to your two referees, asking them to return them to you and to sign across the seal. Return these sealed references with your application.

Name:	Name:
Position:	Position:
Company/Organisation:	Company/Organisation:
Address:	Address:
Postcode:	Postcode:
Country:	Country:
Telephone:	Telephone:
E-mail:	E-mail:

12. Availability for interview

Where it is feasible to do so, some departments like to interview applicants before recommending admission. This may be a telephone interview.

Please indicate any periods when you may not be available:

13. Criminal convictions

If you have a relevant criminal conviction please tick box.

Relevant criminal offences include convictions, cautions, admonitions, reprimands, final warnings, bind over orders or similar involving one or more of those listed below:

Any kind of violence including (but not limited to) threatening behaviour, offences concerning the intention to harm or offences which resulted in actual bodily harm

Offences listed in the Sex Offences Act 2003

The unlawful supply of controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking

Offences involving firearms

Offences involving arson

Offences listed in the Terrorism Act 2006

If your conviction involved an offence similar to those set out above, but was made by a court outside of Great Britain, and that conviction would not be considered as spent under the Rehabilitation of Act 1974, you should tick the box above.

14. Declaration

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I understand that the decision to offer me a place rests solely with University of Plymouth and is not subject to appeal. I understand that if I am offered a place on the programme, I agree to abide by the rules and regulations of University of Plymouth.

Signature of applicant:

Date:

Please return the completed application form in a sealed envelope to:

University of Plymouth, Professional Development Unit Admissions, 4th Floor Rolle Building,
Drake Circus, Plymouth PL4 8AA, United Kingdom

15. Application checklist

Please ensure you have enclosed the following items with this application form (incomplete applications will not be processed):

- | | |
|---|--------------------------|
| Copies of degree certificate(s) and transcript(s) (if appropriate) | <input type="checkbox"/> |
| Copies of certificate(s) for professional qualifications (if appropriate) | <input type="checkbox"/> |
| IELTS/TOEFL score slip or date when test to be taken (if appropriate) | <input type="checkbox"/> |
| Two references | <input type="checkbox"/> |
| Passport photograph | <input type="checkbox"/> |
| CV/résumé | <input type="checkbox"/> |
| Proof of sponsorship | <input type="checkbox"/> |
| Visual evidence (for Art & Design students) | <input type="checkbox"/> |
| Portfolio of written creative work (for Creative Writing students) | <input type="checkbox"/> |

University of Plymouth
Professional Development Unit Admissions,
4th Floor Rolle Building,
Drake Circus
Plymouth
PL4 8AA
United Kingdom

Tel.: +44 (0)1752 58 69 51
Email: pduadmissions@plymouth.ac.uk





UNIVERSITY OF
PLYMOUTH

Application for Postgraduate Study

Ethnic and Disability Monitoring Forms

IMPORTANT: PLEASE NOTE

Thank you for making this application. In order to ensure that we are fair and consistent in our selection and monitoring procedures and so that we can monitor how well we meet our legal requirements, it is the policy of the University to require an Application Form and a Monitoring Form to be completed wherever possible.

University of Plymouth recognises the benefits of having a diverse community of staff and students and as such is fully committed to equal opportunities. The information you provide will be treated in accordance with University of Plymouth's Data Protection Act Collection Notice - "Personal Information and Data Protection". It will not be taken into consideration for your application.

Tick the boxes within the fields to complete the form.

Religion:

- None
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Christian (*inc. Church of England, Catholic, Protestant and all other Christian denominations*)
- Any other religion
- Do not wish to answer

Ethnic Origin:

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.

Please select from the categories below – these categories are approved by the Commission for Racial Equality and the Higher Education Statistics Agency:

White:

[10]

Mixed:

- [41] White and Black Caribbean
- [42] White and Black African
- [43] White and Asian
- [49] Any other mixed background

Asian or Asian British:

- [31] Indian
- [32] Pakistani
- [33] Bangladeshi
- [39] Any other Asian background

Black or Black British:

- [21] Caribbean
- [22] African
- [29] Any other Black background

Chinese or other ethnic group:

- [34] Chinese or any other Chinese background

- [80] Other ethnic background
- [90] Not known
- [98] Do not wish to answer

Application for Postgraduate Study

Disability Monitoring Form

Dear Applicant

IMPORTANT: PLEASE NOTE

If you have a disability

The University is very supportive of students with disabilities, and year-on-year we are making 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. However, we may not be able to do so if we do not know in advance.

Please tell us about your disability

Please tell us about your disability, if you have one, by completing and returning the Disability Monitoring Form with your Application for Postgraduate Study. 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, since 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 on 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 Disability Services on ds@plymouth.ac.uk

So 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. If you do not do so, you may find yourself unable to take up your place or unable to complete the course because we have not been able adequately to meet your particular needs.

Personal Details:

1. Last / Family Name: _____ 2. First Names: _____
3. Date of Birth: _____ 4. Nationality: _____
5. Gender: Male Female 6. Are you married? Yes No

Disability:

7. Please tell us if you have a disability, medical condition or dyslexia. Please select one of the following:

- [A] No disability
- [B] You have a social / communication impairment such as Asperger's syndrome/other autistic spectrum disorder
- [C] You are blind or have a serious visual impairment
- [D] You are deaf or have a serious hearing impairment
- [E] You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- [F] You have a mental health condition, such as depression, schizophrenia or anxiety disorder
- [G] You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- [H] You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches
- [I] You have a disability, impairment or medical condition that is not listed above
- [J] You have two or more impairments and/or disabling medical conditions

8. Do you receive Disabled Students' Allowance (DSA)?

- [4] I have a disability and am in receipt of DSA
- [5] I have a disability but do not receive DSA
- [9] I have a disability but have not applied for DSA

Disability Disclosure:

Yes

I agree to relevant information about my disability and/or support needs 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 Disability Services if I reconsider this decision.

Signature: Date:

We will treat your data with respect and you can find further details on how the University uses your personal details by reading our privacy policy here: [Information Governance and GDPR](#)

Reference in Support of an Application for Postgraduate Study

NOTE TO APPLICANTS

**Please complete sections 1-3 yourself,
(section 3 with your address)
and then pass to one of your referees. Note that
we require two completed reference forms
(from two academic members of staff or
one from an academic member of staff
and one from your present or past employer)
in order to process your application.**



Reference in Support of an Application for Postgraduate Study

Note to applicants: please complete sections 1-3 yourself, and then pass to your referees. Note that we need two completed reference forms in order to process your application.

1. Applicant's full name

Family name/surname:

Title (Dr, Mr, Mrs, Ms, etc):

First/given name:

2. Programme of study applied for / research area

3. Return address for completed reference form

Sections 4-6 to be completed by the referee

4. Referee's details

Full name:

Position:

Organisation/Company:

Address:

Postcode:

Country:

Telephone:

Email:

Seal or stamp of
institution/organisation:

5. Qualities of the candidate

How long have you known the applicant?

In what capacity do you know the applicant?

If you have taught the applicant, what subject? (if the applicant has not yet graduated, please indicate what class or grade of degree you expect them to obtain)

Would the applicant be eligible to proceed to higher degree study in your University?

Postgraduate taught:

Postgraduate research:

In the case of an application for a research degree, do you consider the applicant to have sufficient background knowledge of the subject proposed to proceed directly to independent research with guidance from an academic supervisor or would the applicant be better suited to a taught programme?

Please give your written reference here or attach a statement on official headed paper. Include major abilities, strengths and skills (please continue on a separate sheet if necessary).

6. Referee's declaration

I confirm that, to the best of my knowledge, the information given in this form is correct and complete.

Signature of referee:

Date:

Note to referee: please return completed reference in a sealed envelope, placing your signature across the seal, to the address in Section 3. If no address has been given, please return to

Plymouth University, Professional Development Unit Admissions Office
Drake Circus, Plymouth, PL4 8AA – United Kingdom



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