

Short Course Application Form

Office use only		
Student ref	Student Number	Activity Number

COURSE TITLE			
COURSE DATE		CCST date if applicable	IBMS number if applicable

1 Your personal and contact details

Title (eg Mr, Ms, Dr etc)			Family name	
Other name(s)				
Date of birth	day	month	year	
Home Address				
Postcode			Country	
E-mail				
Telephone numbers (Please include full country and area code)				
Daytime			Evening	
Mobile			Fax number	
Profession/Dept			Name of Employer	

2 School contact

Please send your completed application form in an envelope marked **Private and Confidential** to:

Postgraduate Student Support Office, Faculty of Health and Wellbeing, Sheffield Hallam University, Room F407, Robert Winston Building, 11-15 Broomhall Road, Sheffield, S10 2BP
Tel: 0114 225 2373 / Fax: 0114 225 2394

Data Protection Statement

Information supplied to Sheffield Hallam University will be used in accordance with the Data Protection Act 1998 and other applicable legislation. From time to time the University may use this information to keep you informed of services and activities, to seek your feedback on these and to inform you of events held in conjunction with a third party. The University does not share this information with third parties, except agencies working on our behalf and ensures that such agencies handle information in accordance with the Data Protection Act.

*Please tick if you **do not** wish to receive information about University services [], University events [], alumni services []*

*Please tick if you **do not** wish to receive information by Email [] or Text []*

*If at any time you change your mind and would like the University to stop sending such information, please contact **Postgraduate Student Support Office, Faculty of Health and Wellbeing, Sheffield Hallam University, Room F407, Robert Winston Building, 11-15 Broomhall Road, Sheffield, S10 2BP***
Tel: 0114 225 2373 / Fax: 0114 225 2394 / E-mail: pep-enquiries@shu.ac.uk

3 Declaration

I confirm that, to the best of my knowledge, the information given in this form is true, complete and accurate and no information requested or other material information has been omitted. I give my consent to the processing of my data by SHU.

Applicant's signature		Date	
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4 Financial information (Learning Beyond Registration applicants need to complete the LBR form)

Student Name:

Course Title:

Sponsor details (If sponsored please provide a P.O. number & we will arrange to invoice - Minimum of £100).

Total Price	£		
Accommodation (if available)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Who is paying your fees?	<input type="checkbox"/> Self	<input type="checkbox"/> Government body	<input type="checkbox"/> Research
	<input type="checkbox"/> Employer	<input type="checkbox"/> other	please specify

Sponsor letter must contain, amount payable and address whom invoice should be sent to.

Paying by credit / Debit card (We accept Mastercard, Visa, Switch, Solo, Electron, Delta & Visa purchasing). Please **DO NOT** send any financial details by email)

Card holders name	
Card holders address	
Postcode	
Telephone number (including full country and area code)	
Card number	
Issue number (certain switch cards)	
Expiry date	
Valid from date	
Amount Payable	£
Card Holders Signature	

5 Payment

If you wish to pay by cheque (made payable to Sheffield Hallam University). **Payment is required in advance of the course to secure a place.** Cancellations must be in writing and received by SHU no later than one calendar month prior to the course start date. If you cancel after one month but prior to 7 days before the start date, you will be subject to pay 50% of the cost of the course. If you cancel later than 7 days prior to the course, you will be subject to pay 100% of the course fee. If you are able to nominate a suitable substitution, consideration may be given.

Equal opportunities monitoring

Ethnic origin

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Black Other | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian Other |
| <input type="checkbox"/> Other | please specify | |

Religion

Gender

- Male Female

Nationality

Country of birth

Nationality

Home country or area of permanent residence

Criminal convictions

Do you have any criminal convictions?

Yes

No

Disabilities and support needs

Type of disability

- | | |
|--|--|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Blind/ partially sighted |
| <input type="checkbox"/> Deaf/hearing impairment | <input type="checkbox"/> Wheelchair user/mobility difficulty |
| <input type="checkbox"/> Personal care support | <input type="checkbox"/> Mental health difficulty |
| <input type="checkbox"/> Multiple difficulties | |

'Hidden disabilities' (diabetes, epilepsy, asthma etc)

please specify

Other

please specify

Nature of support required