Sheffield Hallam University

# 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:** AlliedHealth@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 | |

## 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) | ☐ Yes | ☐ No | |
| Who is paying your fees? | ☐ Self | ☐ Government body | ☐ Research |
| | ☐ Employer | ☐ other | please specify |

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

## Paying by Debit/Credit card

We accept MasterCard, Visa, Switch, Solo, Electron, Delta & Visa purchasing.

**DO NOT** send any financial details by email.

Please contact Sheffield Hallam University Cashiers Department on **0114 225 2039** make your payment directly by phone, quoting the following reference numbers; **Nominal Code: 9112** & **Cost Centre Code: 9401**.

Please then obtain a Receipt Number from the cashier & detail in the box below.

**RECEIPT NUMBER:**

## 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.

## Further Information

Please provide brief details on your area of work / interests & reasons for attending this course so the course facilitator can focus the learning needs of the course for each individual:

## Equal opportunities monitoring

### *Ethnic origin*

| | | |
|---|---|---|
| ☐ White | ☐ Black Caribbean | ☐ Black African |
| ☐ Black Other | ☐ Indian | ☐ Pakistani |
| ☐ Bangladeshi | ☐ Chinese | ☐ Asian Other |
| ☐ 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

| | | | |
|---|---|---|---|
| ☐ | Dyslexia | ☐ | Blind/ partially sighted |
| ☐ | Deaf/hearing impairment | ☐ | Wheelchair user/mobility difficulty |
| ☐ | Personal care support | ☐ | Mental health difficulty |
| ☐ | Multiple difficulties | | |
| ☐ | 'Hidden disabilities' (diabetes, epilepsy, asthma etc) | please specify | |
| ☐ | Other | please specify | |

Nature of support required