

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	
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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 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: 9405**.

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.

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	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Nationality		
Country of birth		
Nationality		
Home country or area of permanent residence		
Criminal convictions		
Do you have any criminal convictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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		
<input type="checkbox"/> 'Hidden disabilities' (diabetes, epilepsy, asthma etc)	please specify	
<input type="checkbox"/> Other	please specify	
Nature of support required		