

**Internal Application Form: PgC Learning and Teaching in Higher Education**

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| **1** | **Full name** |  |
| **2** | **Address** |  |
| **3** | **Date of Birth** |  |
| **4** | **Nationality** |  |
| **5** | **Email address** |  |
| **6** | **Correspondence address** |  |
| **7** | **Start date of course** *(month, year)* |  |
| **8** | **Highest qualification achieved** |  |
| **9** | **Length of time employed at SHU** |  |
| **10** | **Faculty, Department / Centre** |  |
| **11** | **Subject area** |  |
| **12** | **Line manager** |  |
| **13** | **Employment status**  *(please highlight)* | a. Fulltime permanent  b. Fractional permanent  - state fraction: ……………………………….  c. Fulltime temporary  d. Fractional temporary  - state fraction: ……………………………….  e. Associate Lecturer |
| **14** | **Role** *(e.g. lecturer / senior lecturer / student support officer / technician / other - please state)* |  |
| **15** | **How long have you worked in Higher Education on a full time contract?** |  |
| **16** | **Other teaching experience** |  |
| **17** | **Other teaching qualifications** |  |
| **18** | **Funding stream?**  *(e.g. SHU, self-funding)* |  |
| **19** | **Number of hours of scheduled hours teaching during the year of the course** |  |
| **20** | **Line manager signature** *(confirming number of scheduled teaching hours, and support to attend the course)* |  |
| **21** | **Line manager email address** |  |
| **22** | **Declaration:** Please read and sign the declaration statement. 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 Sheffield Hallam University. I understand that any offer of a place on the above course is subject to my acceptance of the University’s terms and conditions, which I have received and read. I understand what they say, and I agree to abide by the conditions set out there. I accept that if I do not fully comply with these requirements, Sheffield Hallam University reserves the right to cancel my application and I shall have no claim against Sheffield Hallam University in relation to this application.  **Applicant signature: Date:** | |

**Please return to** [**specialistroutes@shu.ac.uk**](mailto:specialistroutes@shu.ac.uk)