[Unversity Centre Peterborough](https://www.ucp.ac.uk/)**University Centre Peterborough**

**PART TIME application for undergraduate study**

Mandatory applicant information – PLEASE COMPLETE IN BLOCK CAPITALS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title:** |  | | | |
| **Forenames:** |  | | | |
| **Surname or family name:** |  | | | |
| **Gender:** |  | | | |
| **Date of birth:** |  | | | |
| **Email address:** |  | | | |
| **Mobile number:** |  | | | |
| **Address line 1:** |  | | | |
| **Address line 2:** |  | | | |
| **Address line 3:** |  | | | |
| **Address line 4:** |  | | | |
| **Country:** |  | | | |
| **Postcode (UK Only):** |  | | | |
| **How Will You Fund Your Studies? (please circle)** | **Student Finance Loan** | **Employer Sponsorship** | **Self-funding** | **Apprenticeship or Other** |
| **Learning Support Needs or Disabilities:** | **Details:** | | | **None** |
| **Unspent Criminal Convictions? (Yes / No)** |  | | | |
| **National Insurance Number:** |  | | | |
| **Residency:** | **Nationality:** (as stated on your passport) | | **Country of Birth:** | |
| **UK entry date:**  (If country of birth is not UK) |  | | | |
| **Ethnic origin:** |  | | | |

Mandatory course information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course:** | |  | | | |
| **Campus:** | | University Centre Peterborough (P56) | | | |
| **Level of Entry: (Level 4 / 5 / 6)** | |  | **Start Date:** |  | |
|  | |  |  |  | |
| **If an apprenticeship, have you been on an apprenticeship before? If yes, please state the following:** | | | | | |
| **Title:** |  | | | | **Completion Date:** |
| **Provider:** |  | | | | |

Most Recent School or College and Qualifications

|  |  |  |
| --- | --- | --- |
| **School or college name** |  | |
| **Start date:** | | **End date:** |
| **Attendance**  **Full Time / Part Time** |  | |

GCSE’s

|  |  |  |  |
| --- | --- | --- | --- |
| **English Language** | **English Literature** | **Mathematics** | **Additional Science / Science** |
| Grade: | Grade: | Grade: | Grade: |
| Date: | Date: | Date: | Date: |

Please only complete if applicable:

|  |  |  |
| --- | --- | --- |
| Level 2 Functional Skills English: | Grade: | Date: |
| Level 2 Functional Skills Maths: | Grade: | Date: |
| IELTS / ELPT: | Grade: | Date: |

Please Provide Details of any Level 3 or Higher Qualifications:

Qualification 1

|  |  |
| --- | --- |
| **Qualification:** |  |
| **Subject:** |  |
| **Date:** |  |
| **Grade:** |  |

Qualification 3

|  |  |
| --- | --- |
| **Qualification:** |  |
| **Subject:** |  |
| **Date:** |  |
| **Grade:** |  |

Qualification 4

|  |  |
| --- | --- |
| **Qualification:** |  |
| **Subject:** |  |
| **Date:** |  |
| **Grade:** |  |

Qualification 5

|  |  |
| --- | --- |
| **Qualification:** |  |
| **Subject:** |  |
| **Date:** |  |
| **Grade:** |  |

**Employment**

If the course you are applying for requires professional/work experience as part of the entry criteria, please provide details of your employment:

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation** | **Position Held** | **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**If studying an apprenticeship, please provide the following:**

|  |  |  |
| --- | --- | --- |
| **Name of Manager:** | **Job Title of Manager:** | **Email Address & Contact Number:** |
| **Work Address:** | | |

**Reference in Support of Application**

If you are currently in education, your referee should be your tutor. If you are not in education, your referee should be your current or most recent employer.

|  |  |
| --- | --- |
| **Name of Referee** |  |
| **Relation to Applicant** |  |
| **Company Name** |  |
| **Registered Address, Town & Postcode** |  |
| **Contact Number** |  |
| **Email Address** |  |

**NOTES OF GUIDANCE FOR REFEREES**

The referee should not be a friend or family member and their knowledge of the applicant should be current (the last two years).

The reference should be completed by the referee, not the applicant, and be signed and dated by the referee before being returned to the Admissions Office with the application form.

The University Centre may contact a referee to confirm any details.

The referee should comment on the following:

1. Academic Skills

2. Communication skills

3. Confidence

4. Health and Attendance

5. Motivation

6. Reliability

7. Other attributes

If a referee would prefer to send this reference form directly to the University Centre, they can do so via email, to [admissions@ucp.ac.uk](mailto:admissions@ucp.ac.uk) or send it through the post. Otherwise, please enclose your completed reference on an additional sheet.

**Personal Statement in Support of Application**

Please explain, in your own words, your reasons for your choice of course and the relevant skills, qualities and attributes that you possess. This should be between 500-700 words.

|  |
| --- |
| This section must be completed. You should state why you want to undertake this course, any relevant experience, and your long-term goals. (Please continue on further sheets if necessary) |

**Using Your Data**

We are committed to protecting your personal information when you use our services and want to be clear about the data we collect and process. We have created this Corporate Privacy Notice to reflect the high standards established with the new EU General Data Protection Regulation (GDPR) which covers how we collect, use, disclose, transfer and store your data. It is intended to be read by applicants, staff, students, alumni, as well as visitors that use our services.

Further information on this can be accessed via our website: <https://www.ucp.ac.uk/privacy-and-cookies/>

**CONFIDENTIAL DISCLOSURE FORM FOR ADDITIONAL SUPPORT**

All information that you provide will be treated as highly confidential and will only be used to ensure that we have the facilities and support you require to have a happy and successful time here at the University Centre.

Please tick to indicate learning difficulty and/or disability:

Disability affecting Mobility Multiple Physical Disabilities

Multiple Learning Difficulties Dyslexia

Temporary Disability Medical Condition

Severe Learning Difficulty Other Learning Difficulty

Hearing Impairment Profound Complex Difficulty

Other Physical Disability  Visual Impairment

Emotional/Behavioural Difficulties Other

Mental Health

|  |
| --- |
| **Brief Explanation of needs:**  I would like to be contacted to carry out an assessment of my needs and have the additional support facilities available to me during my learning programme explained. I consent to this information being shared with relevant members of UCP and PRC staff. |
| Signature ………………………………………………………………………Date ………………………. |

Please return this form, together with any supporting evidence/documentation to:

Admissions Office

University Centre Peterborough

Park Crescent

Peterborough

Cambridgeshire

PE1 4DZ

Or via Email: [admissions@ucp.ac.uk](mailto:admissions@ucp.ac.uk)

(You should scan your documents and attach them with the form).