**ECS/AF/FD**

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**Application for Admission 2023**

**FOUNDATION DEGREE in EARLY CHILDHOOD STUDIES**

**NAME OF REGIONAL COLLEGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes**

(1) This form must be completed and returned to the **Regional College** not later than **12th June 2023**.

(2) The College cannot accept responsibility if the result of this application is affected by omissions or by incomplete or inaccurate information supplied by the candidate.

(3) Applications are welcomed from students who have interrupted their studies for several years or did not have the opportunity to enter higher education at the normal time.

(4) Please pass the enclosed blank reference form to your chosen referee. The responsibility to return the completed form rests with you. **Failure to return it will prejudice your application**. Your referee should be someone who can comment on your personal/professional qualities and experience and/or your academic ability, e.g. an employer or course tutor.

(5) Under the Rehabilitation of Offenders Order (NI) 1979, applicants to courses which involve work with children are required to disclose any criminal convictions held, including those which are spent. The College is required to arrange for a police check to be carried out on all entrants, to ensure that there is no relevant information about a student’s background which could have any bearing on their ability to complete placement or practical training requirements associated with their course. Persons who have been convicted of a criminal offence, and who wish to undertake the Foundation Degree in Early Childhood Studies, are advised to contact the Regional College before applying.

When completed, please return this form to the relevant **Regional College**. Faxed, e-mailed, unsigned or late applications will not be accepted.

The closing date for receipt of applications is 3.00pm on **12th June 2023.**

**1. SURNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAIDEN NAME (if applicable)**

**2. OTHER NAME(S) (in full)**

**3. DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH (town)**

**4. HOME ADDRESS**

**POSTCODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEL No. (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL No. (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. School(s) attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_**

**(from the age of 11)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

**SECTION A: FOR USE BY REGIONAL COLLEGE**

|  |  |  |
| --- | --- | --- |
| DECISION: | | |
| ECS/FD | SENT/ |  |
| ECS/FD | SENT/ |  |
| ECS/FD | SENT/ |  |
| ECS/FD | SENT/ |  |

**SECTION B: FOR USE BY STRANMILLIS UNIVERSITY COLLEGE**

|  |  |  |
| --- | --- | --- |
| REGIONAL COLLEGE: |  | TRACKING: |
| STUDENT NUMBER: |  |  |
| MATRICULATION |  |  |
| REG AND ENROL |  |  |

6. QUALIFICATIONS GAINED

GCSE/EQUIVALENT:

|  |  |  |  |
| --- | --- | --- | --- |
| SUBJECT | GRADE | AWARDING BODY | DATE |
|  |  |  |  |

GCE “A” LEVELS, AS, AVCE/EQUIVALENT:

|  |  |  |  |
| --- | --- | --- | --- |
| SUBJECT | GRADE | AWARDING BODY | DATE |
|  |  |  |  |

FURTHER/HIGHER LEVEL QUALIFICATIONS: eg. HNC, HND

|  |  |  |  |
| --- | --- | --- | --- |
| SUBJECT | GRADE | AWARDING BODY | DATE |
|  |  |  |  |

IF A STUDENT, STATE QUALIFICATIONS TO BE GAINED IN JUNE 2020:

|  |  |  |  |
| --- | --- | --- | --- |
| SUBJECT | GRADE | AWARDING BODY | DATE |
|  |  |  |  |

OTHER RELEVANT COURSES:

|  |  |  |  |
| --- | --- | --- | --- |
| SUBJECT | GRADE | AWARDING BODY | DATE |
|  |  |  |  |

7. STUDENTS WITH DISABILITIES

In order to assist students with a disability information is required to enable us to do this effectively. If

therefore, you have any disability you should tick the box and provide details on a separate sheet. This

information will not affect our decision on your academic suitability for the course and will be treated as

confidential.

8. Do you have any criminal convictions?

No Yes

9. Have you ever spent time in Care? Yes/No

If yes please indicate the length of time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. REFEREE: Name

Position in Organisation

Address

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. DO YOU WISH TO BE CONSIDERED FOR CREDIT TRANSFER?   
(Certain qualifications at HNC/D level will enable applicants to claim credit and enter Year 2 of the degree)

YES

NO

**DECLARATION**

**I confirm that the information given on 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 the relevant Regional College and Stranmillis University College for the purposes of selection and it being held on file under the terms of the Data Protection Act 1998. I understand that deliberate falsifications may lead to withdrawal of any offer of a place and details of qualifications and employment history will be checked.**

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_