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| Faculty of Health **School of Health and Social Care** Department of Speech and Language and Rehabilitation Studies | Square Low Res JPEG |

**BSc/BSc (Hons) in Rehabilitation Work (Visual Impairment) – Top Up Course**

**Application Form**

Please use a word processor to type your answers into this form in the spaces provided. The spaces will expand to accommodate longer answers. See the end of the form for full submission instructions.

**Applicant’s Full Name:**

**Date application submitted:**

***Confidentiality***

This form requests a significant amount of personal information. This is required so that we can decide on your suitability for the course you are applying for. The information you provide will be used for this purpose and monitoring of equal opportunities only. It will be treated in confidence and will only be seen by those whose jobs require them to do so.

Do not leave any entries blank, or the form may not be processed.

**You are strongly advised to read “Guidance for Applicants” before completing this form.**

**Course applied for**

BSc/BSc (Hons) in Rehabilitation Work (Visual Impairment)

Proposed Start Date:

NB: Learning on this course is via a flexible and distributed learning model of study. See course details for more information.

**Personal Details**

Title:

Surname:

First name:

Gender:

Date of Birth:

Permanent Address:

Post code:

Correspondence address: *(if different):*

Post code:

Daytime telephone:

Mobile:

Evening telephone:

Nationality:

If not born in the UK please state date of arrival in UK:

Have you ever studied at Birmingham City University before?

**Disability/special needs *(please delete where not applicable)***The information you provide will be treated confidentially and will not affect judgements concerning your academic suitability for a course.

00: I do not have a disability nor am I aware of any additional support requirements in study

02: I am blind / partially sighted

03: I am deaf / have a hearing impairment

04: I am a wheelchair user / have mobility difficulties

05: I need personal care support

06: I have mental health difficulties

07: I have an unseen disability *e.g. diabetes, epilepsy, asthma, ME etc*

08: I have two or more of the above disabilities / special needs

10: I have an Autistic Spectrum Disorder (ASD)

11: I have a Specific Learning Difficulty *e.g. dyslexia*

96: I have a disability not listed above, *please specify \**

97: I do not wish to complete

Do you use any particular assistive technology or software to access a PC? *(If you tell us what this is, we can try to provide a similar option on campus).*

**Academic qualifications**

Applicants should list all subjects taken, whatever the result, in reverse chronological order (ie most recent first). If you are awaiting the result of nay examination please indicate date in the result column.

NB Only include qualifications for which you can provide evidence of achievement.

*(Copy the following lines as many times as you need them)*

Name of Qualification:

Subject / Unit:

From (Year):

To (Year):

Place of study:

Results (grade or band):

Level or CATS points (if applicable):

If you are an overseas student please include your IELTS/TOEFL results below:

IELTS overall band score:

TOEFL score: paper/computer based (please delete as appropriate)

**Current Employment or Work Experience (if applicable):**

Employer:

Work location: Job title:

Work telephone number:

Work email address:

Please specify full or part time work:

**Criminal convictions declaration**

Do you have any criminal convictions or cautions?

If you have answered “yes” to the above please contact the Admissions Tutor!

**Referees** (Two are required)

**Please note that we are unable to process your application until completed reference forms are returned to Birmingham City University.**

**Name (1):**

Address:

Post Code:

Telephone:

Email:

**Name (2):**

Address:

Post Code:

Telephone:

Email:

We prefer references to be submitted as attachments via email. If your referees are unable to do this please contact the Admissions Office for guidance – see below. Please send an electronic copy of the ReferenceForm to each of the above to complete.

**Supporting Statement:**

Please enter here any further information in support of your application, for example, reasons for choosing the course, your professional career to date (as relevant) and your current career goals (no more than 750 words please)

**Course fees:**

£4800 for the BSc (Hons) 120 credits

£2400 for the BSc 60 credits

£600 per single module (N.B. Person Centred Practice & Psychology and Evidence Based Research are double modules.

Please confirm the individual modules required or whether you are intending to take the BSc or BSc (Hons) Rehabilitation Work Visual Impairment.

A single module will be spread over 4 non-concurrent days

A double module will be spread over 8 non-concurrent days

Individual Modules

Person Centred Practice & Psychology (30 credits) Yes/No *– please delete one*

Evidence Based Research (30 credits) Yes/No *– please delete one*

Working with People with Complex Needs & Impairments (15 credits) Yes/No *– please delete one*

Advanced Orientation & Mobility (Including working with children) (15 credits) *Yes/No – please delete one*

Techniques and Approaches to Management and Supervision (15 credits) Yes/No *– please delete one*

Low Vision Training including Eccentric Viewing (15 credits) Yes/No *– please delete one*

Full Courses

BSc (60 credits -1 Year) Yes/No *– please delete one*

BSc (Hons) Rehabilitation Work (Visual Impairment) (120 credits -2 Years) Yes/No *– please delete one*

Please indicate who will be responsible for paying fees (please delete where **not** applicable):

Self: Student finance

Employer:

Address invoice is to be sent to:

NB If your employer is responsible for paying your fees please also submit the Student Financial Support Form 2013/2014 with your application form. The student will be liable for the course fees if this form is not submitted prior to student’s enrolment.

**Declaration**I confirm that the information given on this form is true, complete and accurate and that none of the information requested or other material information has been omitted. I accept that if it is discovered that I have supplied false, inaccurate or misleading information, Birmingham City University reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the University and I shall have no claim against Birmingham City University in relation thereto.

Applicant’s Name:

Date:

**NB Please ensure you also complete the Student Financial Support Form if appropriate. Please complete the info below:**

**Student Financial Support Form: Please delete as appropriate:**

Y/N

**Please indicate how you heard about the course *(please insert “Yes” against your chosen answer)***

Advertisement *(state publication)*:

Careers Service:

Colleague/Friend:

Current Student:

Direct Mail:

Employer:

Rehabilitation worker:

RNIB:

Previous Student:

Professional Association:

Birmingham City University website:

Other *(please specify)*:

**Equal Opportunities Monitoring *(please type yes against your chosen answer):***

Name:

Date of Birth:

As part of its equal opportunities policy, Birmingham City University carries our regular monitoring of applications and student enrolments by gender, ethnic origin and disability. Provision of information on ethnic origin is voluntary, but we hope you will agree to provide it to assist us to monitor our equal opportunities policy. This information will not be given to the admissions tutors involved in making decisions about your eligibility for the course.

**Ethnic Origin:**

10: White;

21: Black or Black British - Caribbean;

22: Black or Black British - African;

29: Other black background;

31: Asian or Asian British – Indian;

32: Asian or Asian British – Pakistani;

33: Asian or Asian British – Bangladeshi;

34: Chinese;

39: Other Asian background;

41: Mixed – White and Black Caribbean;

42: Mixed – White and Black African;

43: Mixed White and Asian;

49: Other mixed background;

80: Other ethnic background;

98: Do not wish to provide information;

**How to submit this form**

**Title your attachment as follows: (name, application form, date) e.g. David Adams Application Form Feb 10 - 2013.**

Send your application form as an email attachment to [health.admissions@bcu.ac.uk](mailto:health.admissions@bcu.ac.uk) ensuring you insert: ‘BSc-Rehabilitation Work-Visual Impairment application form’ in the subject field of the covering email.

Any queries please email: [rehabadmissionsquery@bcu.ac.uk](mailto:rehabadmissionsquery@bcu.ac.uk)