



# Research Degree Application Form

Please complete in BLOCK CAPITALS

## FOR UNIVERSITY USE ONLY

|  |           |               |                      |
|--|-----------|---------------|----------------------|
| QLS Applicant No.:   |           | QLS AoS Code: |                      |
| Decision:  | Interview |               | Date:                |
|  | Reject    |               | Conditions of Offer: |
|  | Offer     |               |                      |
| Signed: (Research Admissions Tutor/Faculty Director of Research) |           |               |                      |

**Please return to:**  
 Research Degrees Officer, Academic Registry  
 Birmingham City University, City North Campus,  
 Perry Barr, Birmingham B42 2SU

This form requests a significant amount of personal information. This is required so that we can decide on your suitability for the programme 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.

## 1. Programme of Study

MPhil                       PhD                       DBA

Proposed Start Date: \_\_\_\_\_ Full-time                       Part-time

## 2. Personal Details

Title: Mr/Ms/Miss/Mrs etc: \_\_\_\_\_ Gender: Male  Female  Date of Birth: 

| DAY | MONTH | YEAR |
|-----|-------|------|
|     |       |      |

Maiden or any other name(s) that you have been known by: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Surname/Family Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_

Correspondence Address: (if different) \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: (if different) \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ If not born in the UK please state date of arrival to UK: \_\_\_\_\_

Area of permanent residence: \_\_\_\_\_

If you are a member of a Professional Body, please give its Name and your Registration Number: \_\_\_\_\_

Have you ever studied at Birmingham City University before?      YES                       NO

Do you have any special needs? (please tick). The information you provide will be treated confidentially and will not affect judgements concerning your academic suitability for a course.

|    |                                       |  |    |   |  |
|----|---------------------------------------|--|----|---|--|
| 00 | No special needs                      |  | 07 | Unseen Disability (eg diabetes, epilepsy, asthma) |  |
| 02 | Blind/Partially Sighted               |  | 08 | Multiple Disabilities                             |  |
| 03 | Deaf/Hearing Impairment               |  | 10 | Autistic Spectrum Disorder (ASD)                  |  |
| 04 | Wheelchair User/Mobility difficulties |  | 11 | Specific Learning difficulty (eg dyslexia)        |  |
| 05 | Personal Care Support                 |  | 96 | A Disability not listed above                     |  |
| 06 | Mental Health difficulties            |  | 97 | Do not wish to complete                           |  |

## 3. Finance

Please give details of any scholarships, bursaries or awards held or applied for in connection with the proposed research project.

| Research Council Grant | BCU Bursary | Other Bursary | Self-funded | Other |
|------------------------|-------------|---------------|-------------|-------|
|                        |             |               |             |       |
|                        |             |               |             |       |



## 7. Training and Experience

Please give details of any training or other activities, with dates, relevant to this application, (especially highlighting any experience in data collection and handling, research skills). You should also include full details of any research papers, articles or books etc which have been published.

Please continue on a separate sheet if necessary.

## 8. Criminal Convictions

The University has a duty to ensure the safety and security of its students and staff. Please tick box if either of the following statements applies to you:

|   |                          |
|---|--------------------------|
| I have a relevant criminal conviction that is not spent           | <input type="checkbox"/> |
| I am serving a prison sentence for a relevant criminal conviction | <input type="checkbox"/> |

Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974) are not considered to be relevant and need not be disclosed. The definition of a relevant conviction is one for offences against the person, whether of a violent or sexual nature, or for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. Such a disclosure does not automatically exclude you from the application process but the University reserves the right to ask for further information about the conviction.

## 9. Referee(s)

Please provide the details of two people willing to act as referees at least one of whom should be able to comment on your ability to undertake research.

Name and Address of Referee(s).

|   |   |
|---|---|
| Name:   | Name:   |
| Address:  | Address:  |
| Post Code:                                      | Post Code:                                      |
| Telephone:                      Fax:            | Telephone:                      Fax:            |
| E-mail:   | E-mail:   |
| In what capacity are you known to this referee: | In what capacity are you known to this referee: |

## 10. Proposed Research Topic

Please give a brief outline of the area of research that you are interested in. Please include relationship of the proposal to any previous work you have done. (This should include a proposed title, clearly formulated research aims, details of the research methodology you propose to use, and a bibliography/alphabetical list of references cited). You should also include details of any proposed collaboration.

Please continue on a separate sheet if necessary.

## 11. 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: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE INDICATE HOW YOU HEARD ABOUT THE RESEARCH PROGRAMME (please tick relevant boxes)

- |   |   |  |   |                                |
|---|---|--|---|--------------------------------|
| <input type="checkbox"/> Advertisement    | <input type="checkbox"/> Careers Service          | <input type="checkbox"/> Alumni          | <input type="checkbox"/> Colleague/Friend                               | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Education Fair   | <input type="checkbox"/> Employer                 | <input type="checkbox"/> Current Student | <input type="checkbox"/> Internet                                       |                                |
| <input type="checkbox"/> Previous Student | <input type="checkbox"/> Professional Association | <input type="checkbox"/> Direct Mail     | <input type="checkbox"/> Personal enquiry to Birmingham City University |                                |

Other: (Please Specify) \_\_\_\_\_

## Equal Opportunities Monitoring

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**THIS INFORMATION WILL NOT BE GIVEN TO ADMISSIONS TUTORS INVOLVED  
IN MAKING DECISIONS ABOUT YOUR ELIGIBILITY FOR THE PROGRAMME.**

As part of its equal opportunities policy, Birmingham City University monitors applications 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.

Please tick the appropriate box.

|    |                                      |  |
|----|--------------------------------------|--|
| 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   |  |

Tear off page please.



# Report on Research Degree Applicant

Referees should note that the contents of this report may be shown to the applicant on request.

## To the Candidate:

Please fill in your name and programme details below, detach and forward this part of the form to your referee for completion.

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Programme applied for: MPhil  PhD  DBA

## To the Referee:

I am applying for admission to the above programme at Birmingham City University. The university would appreciate your personal impressions of my intellectual ability, professional skills and ability to undertake research.

Please comment on my character, quality of previous work, personal strengths and weaknesses, and potential. (Please use a separate sheet if you prefer).

Signed: (Applicant) \_\_\_\_\_ Date: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

How long have you known the applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's suitability for the research programme with particular reference to his/her strengths.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In comparison with other members of his/her peer group, how would you rate the applicant in the following?  
 (please tick appropriate boxes)

|                              | Excellent                | Very Good                | Average                  | Below Average            | Unable to comment        |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Motivation                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ambition and Drive           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Originality and Creativity   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problem Solving Skills       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decision Making Skills       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Time Management Skills       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Communication Skills    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Communication Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Numeracy                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any Other Comments:

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|  |   |
|--|---|
| <b>NAME OF REFEREE</b><br><b>(PLEASE PRINT):</b> _____ | <b>SIGNATURE</b><br><b>OF REFEREE:</b> _____ <b>DATE:</b> _____ |
|--|---|

**Thank you for completing this form. Now please return it to:**  
 Research Degrees Officer, Academic Registry, Birmingham City University,  
 City North Campus, Perry Barr, Birmingham B42 2SU