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| Faculty of Health, Education & Life Sciences **School of Allied & Public Health Professions** Department of Speech and Language Therapy and Visual Rehabilitation | C:\Users\Vaio\Desktop\CMSProxyImage.jpg |

**BSc (Hons) Part Time ‘Top up’ Degree**

**Habilitation Work – Working with Children and Young People**

**Application Form**

Please 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: It is important that you specify whether you wish to study the full BSc (Hons) programme or individual modules (please delete YES/NO).**

**Full programme YES/NO**

BSc (Hons) in Habilitation Work – Working with Children and Young People. 2 years part time, 120 credits at level 6.

**Single module(s) options YES/NO**

**Please specify the module(s) below; ensure you consult the course structure/speak with the team as some modules need to be studied in a set order. These will be worth 15 credits at level 6.**

Child Development (Visual Impairment) Yes/No

Foundations of Children’s Development and Independent Living Skills / Orientation and Mobility Yes/No

Children’s Development and Independent Living Skills / Orientation and Mobility for Practice Yes/No

Evidence Based Practice Yes/No

Young People’s Development (Visual Impairment) Yes/No

Young People’s Development and Independent Living Skills / Orientation and Mobility for Practice Yes/No

***Individual modules may be undertaken for Continued Professional Development purposes and will be awarded 15 credits per single module undertaken plus a Certificate of Achievement. These modules may not be available to APL into the BSc (Hons) programme unless they are undertaken in the correct sequential order. So it is possible that you may be joined by new colleagues for certain individual modules.***

*Habilitation Practice modules 1 & 2 is not available as individual modules*

Start Date: February 2016

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:

Email address:

Nationality:

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

Have you ever studied at Birmingham City University before? (Delete as appropriate) **YES/NO**

**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*

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

13: 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 (i.e. most recent first). If you are awaiting the result of any examination please indicate date in the result column.

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

*You must include your Rehabilitation qualification in full*

*(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 respond to the following questions to enable us to assess your suitability for this course. To help us read this material please use the questions provided as headings for your responses (please write no more than 750 words).

* Explain why you wish to study Habilitation Work?
* Describe the extent and frequency of your experience of working with children and young people in a Habilitation Work setting.
* Please tell us about any other skills or experience you have that is relevant to working with children and young people.
* The course has a strong emphasis on on-line learning. Please explain how your resources, abilities and experience are suited to this approach.
* How do you intend to manage the various study elements of the course? For instance if you are employed what support is there for attending University and completing the 20 day placement as well as time for personal study days? What abilities and experience do you have of on-line learning?

**Course fees:**

£4800 for the BSc (Hons) 120 credits

£600 per single module 15 credits

Please indicate who will be responsible for paying fees (please delete as applicable):

Self/Student finance: YES/NO

Employer: YES/NO

FULL funding/PART funding (please indicate funding split)

Please provide the name and address of your sponsor below:

Organisation/sponsor name:

Address:

Tel:

Note: If your employer is responsible for paying your fees they will need to provide a sponsor letter on headed paper indicating where the invoice is to be sent. This letter will be required at enrolment during your first week NOT in advance with this application. Otherwise the student is liable for the full course fees.

**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:

**Applicant visit days**

A number of optional applicant visit days will take place at BCU during the year for prospective and successful applicants. These will involve:

* A presentation on the Habilitation programme.
* An opportunity to meet with the lecturing team.
* A tour of the BCU Faculty of Health, Education and Life Sciences facilities.

These dates will be sent by email to applicants and choices of days may be selected by return of email.

**How have you heard about the BCU Habilitation course?**

**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/Habilitation worker:

RNIB:

Previous Student:

Habilitation VI UK (formerly MISE - Mobility & Independence Specialists in Education):

Other 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 out 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 application form document attachment as follows:**

**Your full name application form BSc Habilitation Work date**

**For example:**

**David Adams Application Form BSc Habilitation Work Oct 10 2015**

Send your application form as an email attachment to:

[alliedhealth.admissions@bcu.ac.uk](mailto:alliedhealth.admissions@bcu.ac.uk)

Insert into subject field in the email:

“BSc Habilitation Work application form”

Please Cc your email to the email address below:

[rehabadmissionsquery@bcu.ac.uk](mailto:rehabadmissionsquery@bcu.ac.uk)

**This is the end of the document**