



**FOR UNIVERSITY USE ONLY**

Ack.	Interview
Admission conditional on:	
Academic Signature	Date
FINAL	

## Application for Admission

**Centre for Flexible Education – Undergraduate Short Course** *(This application can also be completed online at [www.ulster.ac.uk/apply/how-to-apply](http://www.ulster.ac.uk/apply/how-to-apply)).*

### 1. COURSE SELECTION

Course(s)/Module(s) applied for? \_\_\_\_\_

Please tell us **how you learned about the Professional Development Programmes** on offer in Ulster University?

\_\_\_\_\_

### 2. NAME

Title: Mr, Mrs etc: \_\_\_\_\_ Forename/Given Name: \_\_\_\_\_

Surname/ \_\_\_\_\_ Previous Surname/ \_\_\_\_\_

Family Name: \_\_\_\_\_ Family Name *(if applicable)*: \_\_\_\_\_

### 3. PERSONAL INFORMATION

Are you a current **Ulster University** Student? Please circle: Yes / No

If **Yes**, please complete the following:

**Student ID Number** \_\_\_\_\_ **Title of your programme** \_\_\_\_\_

**Year of study** \_\_\_\_\_ Are you a **full-time** or **part-time** student? \_\_\_\_\_

Gender: Male  Female  Marital Status \_\_\_\_\_  
*(for a full list of Marital statuses, please refer to the Further Information section at the end of the application form)*

Ethnicity: \_\_\_\_\_  
*(for a full list of Ethnicity categories, please refer to the Further Information section at the end of the application form)*

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

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Do you have a **disability**? None / A disability / 2+ disabilities/special needs (please circle)

Are your **day to day activities limited** because of a health problem or disability which has lasted, or is expected to last at least 12 months? Please circle: Yes / No

Would you like someone from **Disability Services** to contact you regarding your disability? Please circle: Yes / No

#### 4. ADDRESS

**Correspondence Address** including Number, Street, Town/City, County, Post Code

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**Telephone Number** \_\_\_\_\_ **Mobile Number** \_\_\_\_\_

In an **emergency**, name a **close relative** that can be contacted:

**Relationship to you** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address** including Number, Street, Town/City, County, Post Code, County

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**Telephone Number** \_\_\_\_\_ **Mobile Number** \_\_\_\_\_

#### 5. COUNTRY INFORMATION

Country of Permanent Residence: \_\_\_\_\_

Country of Birth/Nationality: \_\_\_\_\_

**Have you been resident in the UK/EU for the last 3 years?** Please circle: Yes / No

**Is English your first language?** Please circle: Yes / No

If No, please provide details of your most recent **English Language qualification**:

**Title of Award** \_\_\_\_\_ **Name of Awarding Body** \_\_\_\_\_

**Date Awarded** \_\_\_\_\_ **Overall Grade achieved** \_\_\_\_\_

**Grades achieved in individual subjects** (if applicable) \_\_\_\_\_

#### 6. EMPLOYMENT DETAILS

**Please detail current/most recent employment.**

**Dates** \_\_\_\_\_

**Job title** \_\_\_\_\_ **Employer's name** \_\_\_\_\_

**Address** including Number, Street, Town/City, County, Post Code, County

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**Duties** \_\_\_\_\_

#### 7. EDUCATION AND QUALIFICATIONS

**School, Further or Higher Education**

Most **recent educational institution** you have attended: \_\_\_\_\_

**Date** you left/intend to leave: \_\_\_\_\_

Detail **all academic qualifications** which you hold or for which you are currently studying.

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Detail **all relevant professional qualifications** which you hold or for which you are currently studying:

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**8. OTHER** (you will need this for access to some of the University services)

**Security Question** - Please choose **one** and enter the question and answer that we can use to verify your identity?

- What was the surname of your childhood hero? \_\_\_\_\_
- What was the name of the place you first met your partner? \_\_\_\_\_
- What was the surname of your favourite teacher? \_\_\_\_\_
- What is your most memorable place, but not where you were born or live? \_\_\_\_\_
- What is the surname of a memorable person who isn't a relation or partner? \_\_\_\_\_
- What is your favourite musical instrument? \_\_\_\_\_

**SIGNATURE OF APPLICANT**

I consent to the University processing the information on this form for administrative purposes, including consideration of my application, but only insofar as it is permitted to do so within the constraints imposed by the Data Protection Act 1998. In particular, I understand that the University may continue to process this information even if I am refused admission or if I should decline an offer of admission. The information which I have provided on this form is complete and accurate.

SIGNED ..... DATE .....

Please forward the completed application form to the following address:

Centre for Flexible Education  
Room 2H05  
Ulster University  
Shore Road  
Jordanstown  
Newtownabbey  
BT37 0QB.

**Further Information** (*this information is for monitoring purposes only*)

The information collected in this page enables the University to monitor how its equal opportunities policies are operating and to collect data that it is required to return to the government. While it is compulsory to answer most questions, an option to decline to provide the information requested is available where appropriate. We would, however, encourage you to provide the information to ensure that our monitoring is effective. The information will be used for equal opportunities monitoring reports and such reports will not include details, which would enable individual students to be identified.

**Ethnicity categories** – please circle which one applies to you:

- |  |  |  |
|--|--|--|
| <input type="radio"/> Arab                           | <input type="radio"/> Chinese                        | <input type="radio"/> Other Black Background         |
| <input type="radio"/> Asian/Asian British Indian     | <input type="radio"/> Mixed Background               | <input type="radio"/> Other White Background         |
| <input type="radio"/> Asian/Asian British Pakistani  | <input type="radio"/> Mixed, White & Asian           | <input type="radio"/> White                          |
| <input type="radio"/> Asian/Asian British Bangladesh | <input type="radio"/> Mixed, White & Black African   | <input type="radio"/> White British                  |
| <input type="radio"/> Black/Black British Caribbean  | <input type="radio"/> Mixed, White & Black Caribbean | <input type="radio"/> White Irish                    |
| <input type="radio"/> Black/Black British African    | <input type="radio"/> Other Black Background         | <input type="radio"/> White Scottish                 |
| <input type="radio"/> Gypsy or Traveller             | <input type="radio"/> Other Asian Background         | <input type="radio"/> Don't want to give information |
| <input type="radio"/> Irish Traveller                | <input type="radio"/> Other Ethnic Background        | <input type="radio"/> None                           |
|  |  | <input type="radio"/> Not Known                      |

**Marital Status**, please circle:

- |   |  |
|---|--|
| <input type="radio"/> Cohabiting with partner         | <input type="radio"/> None                         |
| <input type="radio"/> Do not want to give information | <input type="radio"/> Single                       |
| <input type="radio"/> Divorced/civil part dissolved   | <input type="radio"/> Separated                    |
| <input type="radio"/> Married or civil partnership    | <input type="radio"/> Widowed or surviving partner |

Do you have a personal **responsibility for the care of dependants** e.g. children or other relatives? Please circle:

- |  |  |
|--|--|
| <input type="radio"/> Young People/Children  | <input type="radio"/> No Dependants  |
| <input type="radio"/> Other relative/friends | <input type="radio"/> Both young people/children and other relatives/friends |

What **religion**, religious denomination or body were you brought up in? Please circle:

- |  |                                      |                              |
|--|--------------------------------------|------------------------------|
| <input type="radio"/> Protestant                           | <input type="radio"/> Roman Catholic | <input type="radio"/> Sikh   |
| <input type="radio"/> No Religious Belief                  | <input type="radio"/> Other          | <input type="radio"/> Muslim |
| <input type="radio"/> Do not want to give this information | <input type="radio"/> Buddhist       | <input type="radio"/> Jewish |
|  | <input type="radio"/> Hindu          |                              |

## FINANCIAL SUPPORT

The **Flexible Pathways Award** (Part-Time Student) will provide additional financial support to adult learners, to undertake an undergraduate short course on the Flexible Frameworks at Ulster University. For those students who are eligible the Award will provide fee waivers

- £750 for undergraduate short courses.

## CRITERIA

- Students applying for funding must be a Northern Ireland resident.
- To be eligible to apply students must meet at least one of the criteria listed below, please tick all that apply from the list below:
  - I am unemployed\*
  - I am on an individual income of less than £16,190 gross\*
  - I am 16-24 years old and not in education/employment/training (NEET)  
I am in receipt of one of the following benefits"
    - Income Support or,
    - Working Tax Credit or,
    - Disability Living Allowance (DLA/personal independence payments) or,
    - Carers Allowance
  - I have been in care (fostering/adopted/care home or other supported residential care)

\*Each applicant must provide evidence of eligibility. Please supply a photocopy of a recent (within last 3 months) payslip, income support document or disability living allowance document with this application.

## DECLARATION – PLEASE READ CAREFULLY

I confirm that the information given on this form is true and accurate. If any information is subsequently found to be inaccurate, Ulster University, Centre for Flexible Education reserves the right to terminate any fee waivers awarded to me and to withdraw any commitment to pay fees.

- I agree: Yes/No (please circle)
- I have attached a photocopy of my evidence to support this application.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return your application to:** Centre for Flexible Education, 2H05, Ulster University, Shore Road, Jordanstown, Newtownabbey, BT37 0QB.

**For enquiries Email:** FlexEd@ulster.ac.uk

**Application Form Deadline:** It is your responsibility to ensure that all sections of the form are completed prior to enrolment. If the course starts and you have not completed the required information or provided proof of eligibility your application will not be considered.

**Application Form and Assessment:** Eligibility will be assessed solely on the information and evidence provided in this form, therefore please ensure that all relevant information and evidence is included. Your application will remain confidential between you and the Selection Panel. The Award is dependent upon funds being available and will be at the discretion of the Selection Panel. Competition for the Award will be high, so unfortunately meeting the eligibility criteria does not mean you are guaranteed an Award.

**Allocation of Awards:** Applicants will be notified prior to enrolment. As a condition of the Award, successful applicants may be required to provide a testimonial on the impact of the Award, however personal details can be anonymised.

FUNDING DECISION, to be completed by CFE

Yes                      Not eligible for funding