ACCESS AND ADMISSIONS

**STUDENT AND REGISTRY SERVICES**

**Institute of Education Short Course Application Form**

Please complete ***all of the fields*** in the form otherwise your application cannot be processed, furthermore we require you to fill out the form in BLOCK CAPITALS or TYPE.

**Programme of Study**

Short Course/Module Applying for:

Are you a current UCL student?

**Personal Details**

1. Surname/Family Name\*:
2. First Name/Given Name(s):
3. Title (Ms, Mrs, Mr etc.):
4. Date Of Birth: Sex:
5. Nationality: Country of Birth:
6. Country of residence

(Last three years):

If you have had more than one country of residence in the last three years please detail below, with dates:

1. Postal and email address for correspondence:
2. Permanent Address (if different):

**Address:**

**Post Code:**

**Email Address: Tel:**

**Educational Background**

1. Please give details of educational qualification(s) obtained:
2. Is English your first language? YES/NO

(If ‘NO’, please indicate below whether you have taken an English test in the last two years or whether you have been educated in English)

**CPD Experience**

1. Please list all CPD engagements with the UCL Centre for Holocaust Education that you have so far completed (Note: these can include face-to-face days, courses from our Core CPD modular offer, Additional CPD courses, or self-guided online courses).

**Professional background**

1. Please provide details of your relevant professional background, including your current role and how long you have held this post. Please also indicate what subject you currently teach the Holocaust in and at what level.
2. **Supporting Statement**

Please provide a statement that explains:

* Why you are interested in this course
* What you hope to gain from undertaking it and how you think it will benefit your teaching practice
* The skills and competencies you have to be successful on this course

1. **Declaration and Signature**

To the best of my knowledge, the information on this application is accurate and complete. (Please note that UCL reserves the right to refuse admission or to terminate a student’s attendance should it be discovered that he/she has made a false statement or has omitted significant information.)

Data Protection Act 1998: I agree to UCL processing personal data contained on this form, or other data which UCL may obtain from me or other people or organisations while I am applying for admission. I agree to the processing and disclosure of such data for any purpose connected with my studies, or my health and safety while on UCL’s premises or for any other legitimate purpose.

Signature:

Date:

Following completion, please return this form to:

**holocaust@ucl.ac.uk**

**FOR OFFICE USE ONLY**

**Please complete all fields prior to submission to Graduate Admissions.**

**Departmental Recommendation:**

**ACCEPT/REJECT (delete as applicable) Start Date: ………… End Date: …………..**

**Module Code: …………………………. Module Name: ……………………….**

**Mode of Attendance: …………………. Accredited/Non-Accredited Module: …………….**

**Term:……………………….**

**Programme/Module Leader Name: ………………………………………………………….**

**Signature: ……………………………………………………… Date: ………………………………**