

FOR OFFICE USE ONLY	Student Ref. No.
Course code:	
Date received:	AST@INT CC C/P STU
Interview date and time:	

To the referee,

Below and overleaf you will find a pro forma to be completed to support the named applicant who has applied to attend a programme of study at the University Of Cumbria.

We would be grateful if you could provide us with a reference listing details of:

- punctuality
- attendance
- reliability
- academic ability including programmes of study, achieved and predicted grades
- suitability for the course programme
- behaviour or any behavioural issues

If the applicant has applied for childcare, health, sport or public services, please provide a realistic assessment of their suitability to work in the community with young people and/or vulnerable adults.

Please complete the form in full and return as soon as possible to:

Student Recruitment Office
University Of Cumbria
Newton Rigg
Penrith
Cumbria
CA11 0AH

Thank you for your assistance.

Please provide the information requested above in support of the applicant.

FURTHER EDUCATION APPLICATION FORM

For full-time, further education and some part-time courses needing an interview. (Not to be used for full-time BA or foundation degree applications.) Please complete all sections **in your own handwriting in BLOCK CAPITALS and BLACK INK** (tick where appropriate). Any additional papers (ie certificates or personal statement) should be securely attached to this form.

For all courses, please return this form to—Student Recruitment Office, University of Cumbria, Newton Rigg, Penrith, CA11 0AH. Tel 0845 850 0766

Courses applied for, campus and study mode (tick relevant box)

Course title	Year to commence	Brampton Road campus		Newton Rigg campus	
		P/T	F/T	P/T	F/T

Personal details

Surname	Title
Forenames	Preferred name
Postal address	
Postcode	
Daytime tel (inc area code)	Evening tel (inc area code)
Mobile	Email
Date of birth <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	Male <input type="checkbox"/> Female <input type="checkbox"/>
Age on 31 August (in proposed year of enrolment)	Country of birth
Have you lived abroad in the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please state date of entry to the UK <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
Nationality	Country of normal residence if not UK
Have you applied for asylum/refugee status? Yes <input type="checkbox"/> No <input type="checkbox"/>	National insurance number <input type="text"/>
ULN (Unique Learner Number) <input type="text"/>	

Employment details

Name and address of present or most recent employer
Tel No
Dates of employment (eg 06/2009) From: To:
Brief details of duties

Education details

Name and address of current or last school or college attended
Tel No
Date of leaving (eg 06/2008) or due-to-leave date

Have you attended a course at this university before? Yes No

If yes please specify which course, level and campus

Qualifications

Applicants should list all subjects taken, whatever the result. If you are awaiting the result of any examination recently taken or are yet to sit the examination, write PENDING in the result column. Qualifications awarded by Edexcel (BTEC) or SCOTVEC—please attach original transcripts of all results if known and list modules with value and level of each. Continue on separate sheet if necessary.

Level	Subject	Estimated result or grade	Actual result or grade	Year

Criminal convictions

Have you ever been convicted of a criminal offence? Yes No

Convictions that are spent under the Rehabilitation of Offenders Act 1974 need not be disclosed. For further information on this refer to www.nacro.org.uk/data/resources/nacro-2005020105.pdf

Support with your learning

Do you have:

A learning disability Yes No

A physical difficulty (including hearing/visual impairment) Yes No

A medical condition that may affect your studies Yes No

A mental health condition Yes No

A behavioural difficulty Yes No

Would you benefit from additional support in literacy/numeracy? Yes No

If you ticked any YES box, please state the disability and what we can do to assist you with your needs:

I agree that information about my disability/special need may be passed to the relevant university staff to arrange support (please tick) Yes No

Declaration

To be completed by the applicant plus parent/guardian if applicable

If you are under the age of 18 please ask your parent or guardian to sign below indicating their agreement with you applying for a place at the University of Cumbria.

Signature of applicant _____ Date _____

Signature of parent/guardian _____ Date _____

I hereby apply to the University of Cumbria. I certify that the above information is correct and agree to abide by the rules of the university. I accept liability for the payment of any fees or charges due to the university in respect of the above course. I have read and understood the Data Protection statements available at www.cumbria.ac.uk/FOI.aspx and give my consent to the processing of my personal data as described.

PLEASE COMPLETE THIS SECTION, DETACH FROM THE APPLICATION FORM AND FORWARD TO YOUR ACADEMIC REFEREE*. (Only applicable to 16, 17 and 18 year olds or those currently in education.) *If not applicable, please leave blank.

Name of applicant _____

ULN (Unique Learner Number)

Date of birth _____

Course(s) applied for _____

Campus _____

Reference

To the referee

The university would be pleased if you could complete this section outlining your view of the suitability of the applicant for the course(s) chosen.

Assessment of potential (please tick)	Excellent	Good	Average	Below average
Quality of written/practical work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisation of own learning/work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality/attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Support for their Learning

Do they have:

A learning disability Yes No Do not know

A physical difficulty (including hearing/visual impairment) Yes No

A medical condition that may affect their studies Yes No

A mental health condition Yes No

A behavioural difficulty Yes No

Would they benefit from additional support in literacy/numeracy? Yes No

If you ticked any YES box, please indicate what support the applicant has received at school/college:

Referee name _____ Position _____

Referee signature _____ Date _____

Telephone _____ Email _____