

# Application Form 2009/2010

**Course title: Postgraduate Certificate/Diploma/MA in Psychodynamic Approaches to Working with Adolescents (Ref.M33)**

Please complete the form in black or dark blue ink. Please USE CAPITAL LETTERS. An alternative electronic on-line application is available at [www.tavi-port.org](http://www.tavi-port.org)

Please read the student declaration before signing and dating this form.

**For Official Use Only:**  
Student Number:

## PART I

### Section 1: Personal details

**Please note that the name given here will be the name printed on your certificate, therefore please give full first/given name, middle names and surname**

Title: Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_

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

Former Name: \_\_\_\_\_

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

Gender: Male  Female  Date of Birth (DD / MM / YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_ Term Time Address (if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: (Daytime) \_\_\_\_\_ (Mobile) \_\_\_\_\_

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

Citizenship: UK citizen  EU citizen  Non-EU citizen

Nationality: \_\_\_\_\_ Country of permanent residence: \_\_\_\_\_

Country of Birth \_\_\_\_\_

**For all Applicants**

Please state country/countries of residence covering the past 3 years:

Dates	Countries

**For non-UK, non-EU Nationals only**

If non-UK/EU national, what is your immigration status? (You may be asked to provide proof of status in the form of either your passport or a letter from the Home Office).

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**Section 2: Educational Qualifications (including Professional Qualifications)**

Please list your higher educational achievements, beginning with the highest qualification to date:

Name of institution	Level of award (i.e. BA/BSC etc)	Title and year of award	Grade (i.e. 2:1/Merit etc)

Please indicate what type of educational institution you have recently attended:

- |                       |        |                          |                        |        |                          |
|-----------------------|--------|--------------------------|------------------------|--------|--------------------------|
| UK state school       | (4901) | <input type="checkbox"/> | UK HE institution      | (4941) | <input type="checkbox"/> |
| UK Independent school | (4911) | <input type="checkbox"/> | Any non-UK institution | (4931) | <input type="checkbox"/> |
| UK FE college         | (4921) | <input type="checkbox"/> |                        |        |                          |

Please indicate your highest educational achievement, to date:

- |                                    |                          |  |                          |
|------------------------------------|--------------------------|--|--------------------------|
| 01 Higher degree of UK institution | <input type="checkbox"/> | 02 Postgraduate diploma or certificate, excluding PGCE | <input type="checkbox"/> |
| 03 PGCE with QTS/GTC registration  | <input type="checkbox"/> | 04 PGCE without QTS/GTC registration                   | <input type="checkbox"/> |

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| 05 Postgraduate equivalent qualification  | <input type="checkbox"/> | 10 Undergraduate qualifications with QTS                     | <input type="checkbox"/> |
| 11 First degree of UK institution         | <input type="checkbox"/> | 12 Graduate degree of EU institution                         | <input type="checkbox"/> |
| 13 Graduate of other overseas institution | <input type="checkbox"/> | 14 GNVQ/GSVQ level 5   | <input type="checkbox"/> |
| 15 NVQ/SVQ level 5                        | <input type="checkbox"/> | 16 Graduate equivalent qualification                         | <input type="checkbox"/> |
| 21 OU credits                             | <input type="checkbox"/> | 22 Other credits from UK HE institution                      | <input type="checkbox"/> |
| 23 Certificate/Diploma of education       | <input type="checkbox"/> | 24 HNC or HND (including BTEC and SCOTVEC equivalents)       | <input type="checkbox"/> |
| 25 Dip HE                                 | <input type="checkbox"/> | 28 Professional qualifications                               | <input type="checkbox"/> |
| 26 GNVQ/GSVQ level 4                      | <input type="checkbox"/> | 27 NVQ/SVQ level 4   | <input type="checkbox"/> |
| 29 Foundation course at HE level          | <input type="checkbox"/> | 30 Other HE qualification of less than degree standard       | <input type="checkbox"/> |
| 43 Foundation course at FE level          | <input type="checkbox"/> | 55 GCSE/O level qualifications                               | <input type="checkbox"/> |
| 44 Access course (QAA recognized)         | <input type="checkbox"/> | 56 Other non-standard qualification                          | <input type="checkbox"/> |
| 45 Access course (not QAA recognized)     | <input type="checkbox"/> | 40 Combination of GCE A/SCE higher and GNVQ                  | <input type="checkbox"/> |
| 47 Baccalaureate                          | <input type="checkbox"/> | 41 ONC or OND (including BTEC and SCOTVEC equivalents)       | <input type="checkbox"/> |
| 48 ACCESS course                          | <input type="checkbox"/> | 93 Mature student with prior experience                      | <input type="checkbox"/> |
| 98 No formal qualifications               | <input type="checkbox"/> | 97 Other non-UK qualification                                | <input type="checkbox"/> |
| 31 Foundation degree                      | <input type="checkbox"/> | 39 A level equivalent  | <input type="checkbox"/> |
|   |                          | 92 Accreditation of Prior (Experiential) Learning (APEL/APL) | <input type="checkbox"/> |

**Please circle as appropriate:**

***Entry Status  
code***

- A Had prior HE(Higher Education) experience in the UK of 6 months or more
- B Has not had prior HE (Higher Education)in the UK of 6 months or more
- C Prior experience of HE (Higher Education) not known

**Last Year in HE (0000/0)** \_\_\_\_\_

**English Language**

Please enter any English Language qualifications you have obtained e.g. GCSE/O level/ELTS/TOEFL and grademarks obtained. Please note you will be asked to provide proof of these qualifications.

**International Students** should also indicate if all the qualifications being entered into 'Section 2: Educational Qualifications' were assessed completely or partly in English. Answer 'Yes' if they were. If not, those that were assessed in English should be indicated here.

Details of English language qualifications:

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Were all the qualifications you are telling us about in this application assessed completely or partly in English? If not, say which were:

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### Section 3: Work experience and/or professional experience

Has your employer agreed:

- to give you the time (if necessary) to attend during working hours? Yes  No
- for you to bring discussion materials relating to your current work situation? Yes  No

Please indicate:

Job title \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Postcode: \_\_\_\_\_ Dates of employment \_\_\_\_\_

Work discipline:

- |                                |                               |                                 |                               |
|--------------------------------|-------------------------------|---------------------------------|-------------------------------|
| Psychiatry                     | (01) <input type="checkbox"/> | Probation                       | (10) <input type="checkbox"/> |
| Clinical Psychology            | (02) <input type="checkbox"/> | Social Work                     | (11) <input type="checkbox"/> |
| Child Psychotherapy            | (03) <input type="checkbox"/> | Police                          | (12) <input type="checkbox"/> |
| Nursing                        | (04) <input type="checkbox"/> | Teaching                        | (13) <input type="checkbox"/> |
| GP                             | (05) <input type="checkbox"/> | Educational Psychology          | (14) <input type="checkbox"/> |
| Counselling                    | (06) <input type="checkbox"/> | Other (please state)            | (15) _____                    |
| Professions allied to medicine | (07) <input type="checkbox"/> | Non-waged                       | (16) <input type="checkbox"/> |
| Clergy                         | (08) <input type="checkbox"/> | Social care workers             | (17) <input type="checkbox"/> |
| Management Consultancy         | (09) <input type="checkbox"/> | Adult Psychotherapy             | (18) <input type="checkbox"/> |
|                                |                               | Systemic/Family psychotherapist | (19) <input type="checkbox"/> |

### Section 4: Finance

Who will be responsible for your fees? Yourself  Your Sponsor

Please give the name and address of your sponsor (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Please state what arrangements you will make for the payment of your fees if funding is withdrawn for any reason.

\_\_\_\_\_

\_\_\_\_\_

## Section 5: References

Please give the following details of two people who may be contacted for a reference. Please also complete the relevant parts of the enclosed reference proforma and send them to your referees.

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Job title: \_\_\_\_\_

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

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

Postcode: \_\_\_\_\_

Postcode: \_\_\_\_\_

Capacity: \_\_\_\_\_

Capacity: \_\_\_\_\_

## Section 6: Additional Information

Have you previously been a student at:

- UEL? Yes  No
- The Tavistock and Portman NHS Foundation Trust? Yes  No

If yes, please provide your previous student number: \_\_\_\_\_

### How did you hear about this course?

- |   |                               |
|---|-------------------------------|
| Our Prospectus                                      | (01) <input type="checkbox"/> |
| Our Website   | (02) <input type="checkbox"/> |
| Another Website <i>(please state)</i> _____         | (03) <input type="checkbox"/> |
| Advert in a Publication <i>(please state)</i> _____ | (04) <input type="checkbox"/> |
| Email/Flyer/Advert passed on by a colleague         | (05) <input type="checkbox"/> |
| An Event <i>(please state)</i> _____                | (06) <input type="checkbox"/> |
| Personal Recommendation                             | (07) <input type="checkbox"/> |
| Other <i>(please specify)</i> _____                 | (08) <input type="checkbox"/> |

#### ENTRY ROUTE TO UEL: (For office use only)

1. Entered UEL via SWAP (Scottish Wider Access Programme)
2. Entered UEL via other access programme (excluding SWAP)
3. Incoming SOCRATES/LEONARDO/ERASMUS student – Inter-college programme
4. Incoming TEMPUS student
5. Incoming LINGUA student
6. Other incoming exchange or visiting student
7. Outgoing ERASMUS/SOCRATES student
8. Incoming SOCRATES/ERASMUS student
9. None of those listed

#### TERMTIME ACCOMMODATION: (For office use only)

1. Property rented from the University
2. Home of parent or guardian
3. Property owned or rented by yourself
4. None of those listed
5. Attending the programme at an institution other than UEL

## Parental Education

The following question is about your parents' level of education. This includes natural parents, adoptive parents, step-parents or guardians who have brought you up.

Do any of your parents (as defined above) have any higher education qualifications, such as a degree, diploma or certificate of higher education?

Please circle as appropriate:

- 1      Yes
- 2      No
- 8      Don't know
- 9      Information Refused

## UEL Progress Card

The UEL Progress Card is a 'smartcard' that entitles its holder to discounts, special offers and substantial loyalty benefits at the on-campus John Smith's bookshops and online through their web site. In addition students qualifying for the UEL Progress Bursary may allocate their bursary monies to their UEL Progress Card and use it to purchase books, laptops and Oyster card credit. Other exclusive offers and preferential rates may also be available to cardholders.

The UEL Progress Card is free to all new students.

We would like to use the data that you have supplied to us during registration, or as subsequently updated by you, to enable your UEL Progress Card and keep you informed about available offers and associated benefits. This will involve passing information to a reputable third party contractor used by the University. Your information will be dealt with in accordance with our [Data Protection Policy](#) and the 1998 Data Protection Act. The information transferred will only be used for this purpose.

Under the terms of the 1998 Data Protection Act you have the right to object to the use of your data in this way. If you do not agree your UEL Progress Card cannot be issued when you first attend and you will have to apply separately when you need one. If you do not wish to have your UEL Progress Card enabled, please un-tick the consent box below:

Please issue me with a UEL Progress card. I agree to this use of my data:

## The UEL Alumni Network

The UEL Alumni Network is a service for all graduates of the University of East London. As an alumnus you can access events, reunions, careers advice, newsletters, magazines and regional groups, plus other benefits and services listed on our Alumni web site at: [www.uel.ac.uk/alumni](http://www.uel.ac.uk/alumni)  
We would like to use the data that you supply to us on enrolment, or update whilst a student, to register you with our Alumni Network when you graduate.

It will be used for a full range of alumni activities, including the sending of University publications, the promotion of benefits and services available to alumni, notification of alumni events and of programmes involving our academic schools and administrative services. It may also be used to provide you with information about further opportunities for study, activities and events that we feel may be of interest to you. We will only use it for the University of East London's own purposes, to inform you about its products and services, in accordance with our Data Protection

Policy and will not pass it to any third party, except where reputable contractors are used by the University to assist with particular alumni-related projects. Data may also be used in fund raising programmes which might include an element of direct marketing.

#### 1998 Data Protection Act

Under the terms of the 1998 Data Protection Act you have the right to object to the use of your data for such purposes. Please indicate below if you agree to your data being transferred to our Alumni Network and processed in this way when you graduate.

**You may use my data in this way.**

(Please leave blank if you do not agree to your data being transferred)

Please also note that under the terms of the 1998 Data Protection Act you may withdraw your consent to us using your data in this way at any future point. If you agree to become a member of the UEL Alumni Network now, but change your mind when you graduate please email: alumni@uel.ac.uk asking for your record to be amended accordingly.

## Section 7: Student Declaration

Please read and sign the following declaration which is a condition of your being admitted to a joint programme of study at the University of East London/The Tavistock and Portman NHS Foundation Trust. You will receive confirmation once your enrolment has been received and processed by both The Tavistock and Portman NHS Foundation Trust and the University of East London.

1. I certify:

(i) that the above information is correct to the best of my knowledge;

2. For the duration of my studies at the University of East London/The Tavistock and Portman NHS Foundation Trust:

(i) I agree to notify promptly the relevant course administrator

- of any interruption in my studies;

- of any other changes to data submitted previously in respect of my enrolment or circumstances;

(ii) I accept responsibility for payment of my tuition fees or other charges relating to my studies with the University of East London/The Tavistock and Portman NHS Foundation Trust

3. I give my consent for personal data relating to my studies to be collected, processed and published by the University of East London/The Tavistock and Portman NHS Foundation Trust in ways which support the effective management of its higher education provision, and in accordance with:

(i) terms of the Data Protection Act (1998); and

(ii) any Notification submitted to the Data Protection Commissioner in accordance with this legislation.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PART II

### Section 8: Additional information

1. Please give a brief resume of your current working experience; distribution of workload with adolescents:

2. Please state briefly your reasons for wanting to do this course:

## **CHECK LIST:**

Please ensure you have dealt with the following:

- Provided 2 Application Forms
- Signed and dated declaration on page 8
- Completed equal opportunities monitoring form
- 2 Passport-sized/style colour photographs attached with  
name and course written at the back
- Completed reference details and sent reference proforma  
to referees

## EQUAL OPPORTUNITIES MONITORING INFORMATION

**Full Name:** \_\_\_\_\_  
Please use block capitals and underline your family name

**Course applied for:** \_\_\_\_\_

We are committed to policies and practices aimed at increasing the number of students from black and ethnic minority backgrounds who study with us. Your help in completing the following questions will enable us to monitor the effectiveness of our recruitment and admissions policies. The information you provide will be treated as confidential information, and will be detached from your application form before tutors shortlist candidates for interview. The data will be stored in confidence by the Directorate of Training and Postgraduate Education, and will be used by the Higher Education Statistical Agency (HESA) and The Tavistock and Portman NHS Trust for statistical purposes.

If you object to providing this information please indicate this in the box provided.

Please state your nationality or, if a holder of dual nationality, please indicate your country of

birth: \_\_\_\_\_

Please state which country you regard as your permanent home: \_\_\_\_\_

### **Ethnic Origin (please tick one box only):**

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| White (10)                             | <input type="checkbox"/> | Asian or Asian British - Indian (31)      | <input type="checkbox"/> |
| Irish Traveller (14)                   | <input type="checkbox"/> | Asian or Asian British - Pakistani (32)   | <input type="checkbox"/> |
| Mixed - White and Black Caribbean (41) | <input type="checkbox"/> | Asian or Asian British - Bangladeshi (33) | <input type="checkbox"/> |
| Mixed - White and Black African (42)   | <input type="checkbox"/> | Chinese (34)                              | <input type="checkbox"/> |
| Mixed - White and Asian (43)           | <input type="checkbox"/> | Other Asian Background (39)               | <input type="checkbox"/> |
| Other Mixed Background (49)            | <input type="checkbox"/> | Black or Black British - Caribbean (21)   | <input type="checkbox"/> |
| Not Known (90)                         | <input type="checkbox"/> | Black or Black British - African (22)     | <input type="checkbox"/> |
| Information Refused (98)               | <input type="checkbox"/> | Other Black Background (29)               | <input type="checkbox"/> |
|  |                          | Other Ethnic Background (80)              | <input type="checkbox"/> |

If you ticked number (29), (39), (49) or (80), please describe your ethnic origin using your own words: \_\_\_\_\_

**Please see overleaf**

**The Disability Discrimination Act** considers a person disabled if:

You have a longstanding physical or mental condition or disability that has lasted or is likely to last at least 12 months.

This condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled as set out under the Disability Discrimination Act?

Yes

No

(If 'yes' please tick box below:)

- |  |                               |
|--|-------------------------------|
| No known disability                                  | (00) <input type="checkbox"/> |
| Blind/partially sighted                              | (02) <input type="checkbox"/> |
| Deaf/hearing impairment                              | (03) <input type="checkbox"/> |
| Wheelchair user/mobility difficulties                | (04) <input type="checkbox"/> |
| Personal care support                                | (05) <input type="checkbox"/> |
| Mental health difficulties                           | (06) <input type="checkbox"/> |
| An Unseen disability e.g. diabetes, epilepsy, asthma | (07) <input type="checkbox"/> |
| Multiple disabilities                                | (08) <input type="checkbox"/> |
| Autistic Spectrum Disorder                           | (10) <input type="checkbox"/> |
| A specific learning difficulty e.g. dyslexia         | (11) <input type="checkbox"/> |
| A disability not listed above                        | (96) <input type="checkbox"/> |
| Information refused                                  | (97) <input type="checkbox"/> |
| Information not sought                               | (98) <input type="checkbox"/> |
| Not known  | (99) <input type="checkbox"/> |

Are you registered as disabled?

Yes

No

Registered number (if applicable): \_\_\_\_\_

It can help us to ensure effective involvement of everyone if we can identify anything that poses a barrier to your full participation.

What are the biggest barriers for you in doing what you want to do in this organisation?

Please tick any that apply

Access to buildings, streets, and transport vehicles  A

Written information or communication  B

Verbal or audible information/communication  C

People's attitudes to you because of your  
Impairment, medical condition or disability  D

Lack of reasonable adjustments  E

Policies or procedures such as the fire evacuation procedure  F

Other barriers. Please specify \_\_\_\_\_

**If you require this form in another format eg electronic version or large print, please let us know.**