

Application Form 2008/09

WORKING THERAPEUTICALLY WITH YOUNG PEOPLE

One year postgraduate level programme

The closing date for applications is April 30th 2008.
 Interviews will commence May/June 2008.

1. Personal Details

Name	
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Occupation/ Profession	
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Work Address		
	Phone	

Home Address		
	Phone	

Email	
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Signature	
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Date	
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<i>For office use only:</i>			
Application Rec'd	Ack' letter sent	Invite to Interview	Interview Date
Invite to Interview	References Requested	Outcome	Place accepted/deferred

Section 6: Special Needs/Support

The Northern School welcomes applications from all sections of the community. We welcome applications from disabled people or people who require any special support or facilities because of an impairment or medical condition and will make reasonable adjustments necessary for students to participate on equal terms. We would be grateful if you could provide the following information. You do not have to disclose any disability, but if you do, you will be protected under the terms of the Disability Discrimination Act (1995). The information you provide will allow the Northern School to make any reasonable adjustments or support necessary for you to fulfil the requirements of the course.

Disability

Are you registered as disabled?

Yes No

Registered number (if applicable):

Are you claiming student disability allowances:

Yes No

Disability which is not registered:

If you have a disability, please tick the appropriate boxes:

- | | | |
|---|------|--------------------------|
| Dyslexia | (01) | <input type="checkbox"/> |
| Blind/partially sighted | (02) | <input type="checkbox"/> |
| Deaf/hearing difficulties | (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"/> |
| Unseen disability e.g. diabetes
epilepsy, asthma | (07) | <input type="checkbox"/> |
| Multiple disabilities | (08) | <input type="checkbox"/> |
| Autistic Spectrum Disorder | (09) | <input type="checkbox"/> |
| Other (please specify) | (10) | <input type="checkbox"/> |

8. Referees

Please give the names and addresses of two people who can be approached to provide references in support of your application for this programme. Please state how the referee is known to you.

Referee number one:

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Referee number two:

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EQUAL OPPORTUNITIES MONITORING INFORMATION

Full Name: _____

Course applied for: _____

Gender: Male Female **Date of Birth (DD/MM/YYYY)** _____ / _____ / _____

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 and used by NSCAP 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 – British (11) | <input type="checkbox"/> | Asian or Asian British - Indian (31) | <input type="checkbox"/> |
| White - Irish (12) | <input type="checkbox"/> | Asian or Asian British - Pakistani (32) | <input type="checkbox"/> |
| White - Scottish (13) | <input type="checkbox"/> | Asian or Asian British - Bangladeshi (33) | <input type="checkbox"/> |
| Irish Traveller (14) | <input type="checkbox"/> | Chinese (34) | <input type="checkbox"/> |
| Other White Background (19) | <input type="checkbox"/> | Other Asian Background (39) | <input type="checkbox"/> |
| Mixed - White and Black Caribbean (41) | <input type="checkbox"/> | Black or Black British - Caribbean (21) | <input type="checkbox"/> |
| Mixed - White and Black African (42) | <input type="checkbox"/> | Black or Black British - African (22) | <input type="checkbox"/> |
| Mixed - White and Asian (43) | <input type="checkbox"/> | Other Black Background (29) | <input type="checkbox"/> |
| Other Mixed Background (49) | <input type="checkbox"/> | Other Ethnic Background (80) | <input type="checkbox"/> |
| Not Known (90) | <input type="checkbox"/> | Information Refused (98) | <input type="checkbox"/> |

If you ticked number (19), (29), (39), (49) or (80), please describe your ethnic origin using your own words: _____