**Application for MA in Education (part-time – 2 years)**

* Please TYPE your responses and email to [admissions@leedstrinity.ac.uk](mailto:admissions@leedstrinity.ac.uk)
* Please include photos/scans of your degree certificate
* If your name has changed since your certificates were issued, please include a photo/scan of your marriage certificate/deed poll.
* You should also keep a copy of the completed application

# Section 1

**Taught Programme Sought**

**Please indicate the qualification start date**

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| September entry | 180 credits – full course |  |  |  |  |  |

Please tick one of the following options if you wish to **RPCL** (recognition of prior certificated learning) through credit award or credit transfer:

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| April entry | RPL 60 credits |  |  |  |  |  |
| January (of the following academic year) | RPL 120 credits |  |  |  |  |  |

Please tick the following options if you wish to **RPEL** (recognition of prior experiential learning).

|  |  |  |
| --- | --- | --- |
| April entry | RPL 60 credits |  |

**If you do not wish to study the full course, please contact our Admissions Tutor, Andrew Pearce, for more information about entry points and the Recognition of Prior Learning process (RPCL and RPEL): 0113 283 7100 ext 433 or at a.pearce@leedstrinity.ac.uk**

# Section 2

## Personal Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** (Mr/Mrs/Miss etc.) | | |  | **Forename** (First Name) | | | | | | |  | **Surname/Family Name** | |
|  | | |  | | | | | | |  | |
| **Date of Birth**  Day / Month /Year | | | | | |  | **Gender** |  | **Previous Name(s), if changed** | | | | |
|  | |  |  | | |  |  | | | | |
| **Home Address** | | | | | | | | |  | **Contact address if different for correspondence** | | | |
|  | | | | | | | | |  | | | |
| Postcode: | | | | | | | | | Postcode: | | | |
| Telephone: | | | | | | | | | Telephone: | | | |
| E-Mail: | | | | | | | | | E-Mail: | | | |
| **Country of Domicile:** | | | | | | | | |  | | | | |
| **Country of birth:** | | | | | | | | |  | | | | |
| **Nationality (as on passport):** | | | | | | | | |  | | | | |
| **Have you been a UK resident for three years or more?** | | | | | | | | |  | | | | |

|  |  |
| --- | --- |
| **Are you a member of Leeds Trinity University Staff?** |  |
| **Have you previously studied at Leeds Trinity? If so, please give your student ID number.** |  |

# Section 3

**Reasons for wishing to join this programme (Tick as many as apply)**

🞏 To address personal professional development needs

🞏 To further career/promotion prospects

🞏 To address Performance Management Targets

🞏 To address Institutional Development Needs/ Improvement Plan

🞏 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 4 Experience

|  |  |  |  |
| --- | --- | --- | --- |
| **Years of experience teaching**  **(please tick appropriate box):** | | **Current professional context (please tick appropriate box):** | |
| * NQT * 5-9 years * 15-19 years * 25-29years * 35 years plus | * 1-4 years * 10-14 years * 20-24 years * 30-34 years | * Early Years Setting * Primary * Secondary * Special School | * Pupil Referral Unit * Secure Unit * Further Education * Higher Education * Workplace education/training * Private Training |
| * Other (please detail) | | * Other (Please detail) | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **School/College/University**  **/Institution**  **Name and Address** | **Start**  **Date** | **Award Date** | **Qualification type**  **Degree, Diploma, Certificate, A Level, Professional Qualification etc.** | **Subject(s)** | **Results -**  **Grade/ Division/**  **Class etc.** | **Copy attached?** |
|  |  |  |  |  |  |  |

# Section 5

**Higher Education Qualifications**

**(**In date order - most recent first from the age of 18)

You **must enclose copies** of your qualifications and any transcripts of results with this application.

|  |  |
| --- | --- |
| **What is your highest level of study?** |  |

**Additional Qualifications** (Such as previous level 7 credits e.g. PG Certificate, 60 credits)

**(You must include a copy of the transcript or certificate showing these credits)**

# Section 5

## Disabilities/Special Requirements

At Leeds Trinity we provide a wide range of additional support to address individual needs. Please let us know if you have a disability such as visual impairment, mental health difficulty, a medical condition such as epilepsy, ME, or if you are hard of hearing, have dyslexia or you are a wheelchair user, for example.

We would be pleased to arrange an informal meeting with you to discuss any individual support requirements to enable you to participate in the course.

1. **– No Disability F - You have a mental health condition**
2. **- You have a social/communication impairment G - have a learning difficulty such as dyslexia**
3. **- You are blind or have a serious visual impairment H - You have physical impairment or mobility issues**
4. **- You are deaf or have a serious hearing impairment I - Disability, impairment etc. not listed**
5. **- You have a long standing illness\health condition J - You have two or more impairments**

If you would like to give any additional information to assist us in considering your additional support needs, please do so in the space below.

|  |
| --- |
| **Further Information** |
|  |

**Declaration:**

Application forms which are incorrectly completed will delay the decision making process. All applicants must carefully review the completed form, in particular checking that all required information has been completed in full, with certificates and transcripts attached.

I confirm that the information given in this application is true, complete and accurate: no information requested or other material information has been omitted. I consent to the processing of this data by Leeds Trinity University for educational purposes under GDPR.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signature**  This can be typed if you do not have an electronic signature |  |  | **Date of completion** Day / Month /Year | | |
|  |  |  |

APPLICANT CHECKLIST

* Application form fully completed
* Academic qualifications attached
* Marriage certificate/deed poll attached (if name has changed)
* Copy of passport, BRP or EUSS share code (if applicable)