

QUEEN'S UNIVERSITY BELFAST

in collaboration with the Institute of Child Education & Psychology Europe (ICEP)

APPLICATION FORM: ADVANCED DIPLOMA IN PROFESSIONAL DEVELOPMENT, INCLUSIVE EDUCATION SEPTEMBER 2012 INTAKE

RETURN OF COMPLETED APPLICATIONS

Please return your application form to The ADMISSIONS OFFICE, Institute of Child Education and Psychology Europe (ICEP Europe), Unit 4K, Maynooth Business Campus, Maynooth, Co Kildare, Republic of Ireland.

Applications are now being accepted for September 2012 intake. Last date for registration: 27th July 2012. Late applications will be accepted after this date if places are still available.

THIS APPLICATION FORM MUST BE RETURNED TO ICEP Europe WITH A NON-REFUNDABLE FEE OF £25 TO COVER ADMINISTRATION CHARGES. THE MODULE FEE OF £615 IS PAYABLE ON ACCEPTANCE TO THE PROGRAMME.

Please read the accompanying guidance notes before completing the application form.

SURNAME/FAMILY NAME:	FORENAMES:
TITLE (Dr/MR/MISS/MS/MRS)	PREVIOUS SURNAME/FAMILY NAME:

CORRESPONDENCE ADDRESS		HOME ADDRESS (IF DIFFERENT)	
	POSTCODE		POSTCODE
TELEPHONE NUMBER:		MOBILE TELEPHONE NUMBER:	
E-MAIL (necessary for contacting you):			

DATE OF BIRTH: DD / MM / YY	<input type="text"/>	PLACE OF BIRTH:	
COUNTRY OF DOMICILE:	NATIONALITY:	OCCUPATION:	
Please Note: International students must meet a minimum entry point of International English Language Testing System (IELTS) level 6.5, TOEFL 575 (PBT) or equivalent. For IELTS a minimum score of 5.5 is required in all four elements of the test.			

IF YOU ARE, OR HAVE BEEN, A STUDENT AT THIS UNIVERSITY, PLEASE STATE YOUR FIRST YEAR OF ENTRY:
PLEASE ALSO STATE, IF POSSIBLE, YOUR STUDENT CARD NUMBER :

HAVE YOU APPLIED FOR ANY OTHER COURSE(S) AT THIS UNIVERSITY THIS YEAR? YES NO
IF 'YES' PLEASE STATE NAME(S) OF COURSE(S):
.....
.....

OFFICE USE ONLY			
ATTENDANCE	PT	DECISION AND CONDITIONS IF ANY	INITIALS
COURSE CODE			DATE
MALE (M) or FEMALE (F)			
DATE OF BIRTH			
COUNTRY OF BIRTH			
COUNTRY OF DOMICILE		MISD	DATE OF RECEIPT
NATIONALITY			
DEPT/SCHOOL	EDU		
PREVIOUS UNIVERSITY			
SPECIAL NEEDS			

PLEASE STATE DEGREE(S) HELD				
UNIVERSITY	DEGREE	SUBJECT(S)	CLASS	YEAR OF GRADUATION

PROFESSIONAL OR OTHER QUALIFICATIONS <small>Include membership of professional institutions</small>		
QUALIFICATION	NAME OF AWARDING BODY	DATE OF AWARD

TYPE OF SCHOOL/INSTITUTION QUALIFIED TO TEACH IN (PLEASE TICK)			
NURSERY	<input type="checkbox"/>	POST PRIMARY	<input type="checkbox"/>
PRIMARY	<input type="checkbox"/>	OTHER (please specify)	

RELATED EMPLOYMENT EXPERIENCE			
NAME AND ADDRESS OF EMPLOYER	POST HELD AND BRIEF DESCRIPTION OF THE NATURE OF EMPLOYMENT	DATE OF EMPLOYMENT	
		FROM (MM/YY)	TO (MM/YY)

GIVE NAMES AND ADDRESSES OF TWO REFEREES, WHO SHOULD BE ASSOCIATED WITH YOUR SCHOOL, UNIVERSITY, COLLEGE OR EMPLOYMENT, AND SHOULD BE FAMILIAR WITH YOUR ACADEMIC OR PROFESSIONAL WORK.			
NAME		POSITION	
ADDRESS			POSTCODE
NAME		POSITION	
ADDRESS			POSTCODE

WOULD YOU PLEASE INDICATE BY TICKING THE BOX WHICH THREE MODULES (I.E. 'INCLUSION' AND TWO OTHERS) YOU WOULD LIKE TO STUDY IN ORDER TO COMPLETE YOUR CUSTOMISED ADVANCED DIPLOMA	
Inclusion	Compulsory 1st module
Supporting and Managing Student Behaviour	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>
ADHD	<input type="checkbox"/>
Understanding Autism	<input type="checkbox"/>
Applied Behaviour Analysis	<input type="checkbox"/>

CRIMINAL CONVICTIONS	
DO YOU HAVE ANY CRIMINAL CONVICTIONS?	
Please refer to the notes below. If you do not tick either the 'Yes' or 'No' box, we will return your form for completion. This will delay consideration of your application.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
DECLARATION	
I confirm that the information given on this form is true, complete and accurate and no information requested or other relevant information has been omitted. I have read and complied with the instructions for the completion of the application form. I accept that if any information is inaccurate or has been omitted, the University reserves the right to cancel my application and I shall have no claim against the University in relation thereto.	
If offered a place in due course I understand that, in accepting, I agree to abide by the rules and regulations of the University. By signing the application form I confirm my agreement to this.	
I consent to the University and ICEP processing the information in this form for administrative purposes, including consideration of my application in accordance with the provisions of the Data Protection Act.	
SIGNATURE..... DATE.....	

CRIMINAL CONVICTIONS

You are requested to state whether or not you have any criminal convictions except:
 A motoring offence for which you have received a fine or three penalty points; or
 A spent sentence (as defined by the Rehabilitation of Offenders Act 1974), except for certain courses (see below)

If you have not been convicted of a criminal offence, you must tick the 'No' box. If you tick the 'Yes' box the University may ask you to send more details. If you do not answer this question we will contact you in writing and this will delay the processing of your application.

If you are not sure whether to tell us about a previous conviction, you should get more advice from your local Citizens Advice Bureau, Probation Service, or from NIACRO (the Northern Ireland Association for the Care and Resettlement of Offenders). You can also contact a solicitor, but you may have to pay for legal advice.

You should be aware that for certain courses, particularly in teaching, health, social work and other courses involving work with children, you must tell us about any criminal conviction, including spent sentences and cautions.

If you are convicted of a criminal offence after you have applied, you must tell us and provide details.

PAYMENT

For payment of the non-refundable administration fee of £25, please complete payment details below.

<input type="checkbox"/> I enclose a cheque / PO / Banker's draft (payable to ICEP Europe)												£					
I wish to pay by <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa												£					
Card No.																	
Card Expiry Date:												*CVV:					
I have read the <u>terms and conditions</u> and agree to accept them																	
*Signature												*Date					

(Visa & Mastercard only. The CVV is the last 3 digits of the number on the back of your credit card.)