

Standalone Module Application Form

We want to process your application as quickly as possible.
To help us, please complete the form in black ink or type and return it to:

The CPD Unit, 21–23 Senghennydd Road, Cardiff CF24 4AG
E: train@cardiff.ac.uk T: 02920 875 274

1. Proposed Module(s) of Study?

1.1 In which Academic School would you like to study?: _____

1.2 Please indicate the module(s) you are applying for?: _____

1.3 Please state the advertised start date for your study: _____

1.4 Please state when you expect to complete your study: _____

2. Personal Details

Surname/Family Name: _____ First/Given Names: _____

Previous Surname/Family Name: _____ Maiden Name: _____

Title(Mr/Miss/Ms/Dr): _____ Gender: _____

Date of Birth: _____ Country of Birth: _____

Nationality: _____ Country of Residence: _____

2.1 Address

This will be the address we write to. Please notify us in advance if the address changes

Full Postal Address:

Postcode/Area Code:

Country:

Telephone Number/
(Including national/area code):

Mobile Number:

Email:

I wish to receive future correspondence about my application in: English Welsh
(Note: We will only produce correspondence in one language. If you select Welsh, all correspondence will be produced in Welsh.)

3. Academic Qualifications & Workplace Experience

All applicants should send certified copies of academic and professional qualifications obtained, where applicable.

3.1 Pending/Most Recent Qualifications – Include Professional Qualifications

School/College/Name of Education Institution /Awarding body	Qualification (including grade)	Date Obtained	Full-time, Part Time or Distance-Learning

3.2 Membership of Professional Institutions (if applicable)

Please state the name of the Professional Body/Association of which you are a member, your level of membership, the date you became a member, the expiry date (if applicable) and your registration number.

4. Employment Information & Experience

Employer	Position	Nature of Work (please state whether FT/PT)	Dates From	To

5. Reference

Please provide details of one referee. Please choose someone who has knowledge of your academic or professional ability.

Name of Referee	Employer/Organisation	Job Title	Telephone number	Email address

6. Funding: How do you plan to fund your studies? (Please tick only **ONE** box)

- I have a scholarship/grant Please give the name of the individual or organisation funding your scholarship

- I will be applying for a scholarship/grant Please give the name of the individual or organisation funding your scholarship

- I will be funded by my employer Please give the name and address of your employer

- I will be applying for an NHS funded place
- I (or my family) will be funding my studies
- I will be funding my studies in some other way Please state: _____

7. Non - EU/EEA applicants currently in the UK

Do you have leave to remain (i.e. a visa) that gives you permission to live and work in the UK? Yes* No
* Please enclose copies of the Home Office correspondence with copies of the relevant pages from your passport .

On what date did you first enter the UK? Day Month Year

For what purpose did you enter the UK (e.g. education, work etc?) _____

8. Personal Statement

Please provide information that is relevant to your application for admission. For example, why do you wish to take this module of study? What benefits do you expect to gain from it? What skills and experience do you possess which make you a suitable applicant? How do you hope to use the learning?

9. English/Welsh Language Competency

My first language is: English Welsh Another language

Do you have any of the following English language qualifications?

Qualification*	Grade/score	Date of examination
GCSE 10 Level		
IELTS		
TOEFL		
Other (e.g. first degree through medium of English)		

*Applicants whose first language is not English or Welsh will be expected to provide proof that they have obtained the required level of English competency for the proposed module study (e.g. photocopy of certificate)

10. How did you learn about this opportunity at Cardiff University?

Website Prospectus Former CPD Student
Professional Recommendation Word of Mouth British Council

Advertisement (please specify) _____
Other (please give details) _____

10. I confirm that to the best of my knowledge the information given in this form is true, correct and accurate, and no information requested or other material information has been omitted:

Signature of Applicant: _____ Date: _____

Print Name: _____

Please make sure that you sign and date this application form and include copies of relevant qualification certificates /transcripts. Please note that an electronic signature can be accepted as your confirmation against section 10 of this form.

Return completed forms and paperwork to:
**CPD Unit
Cardiff University
21-23 Senghennydd Road.
Cardiff
CF24 4AG**

or email: train@cardiff.ac.uk

For advice on completing this form please contact the CPD Unit on 029 2087 5274

1998 Data Protection Act The University Registry will process this data for the purpose of Education Administration in accordance with the University's Data Protection Policy and your rights under the Data Protection Act 1998. Recruitment Data may also be used for the identification of potential students and the administration of promotional campaigns. It is made available to our International Office, relevant academic and administrative departments, and to agents contracted by the University for particular recruitment related protects.