**Application for Advanced Practice in Speech Language and Communication Needs**

* 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 will also need to have work-place support (by a letter from your setting)

# Section 1

**1.1 Programme Sought**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Programme** | **Please indicate the programme** |  |  |  |
| **PG Cert Advanced Practice in Speech Language and Communication Needs** |  |  |  |

**1.2 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 birth:** | | | | | | | | |  | | | | |
| **Country of Permanent Residence:** | | | | | | | | |  | | | | |
| **Nationality (as on passport):** | | | | | | | | |  | | | | |
| **Have you been a UK resident for three years or more?** | | | | | | | | |  | | | | |
| **Have you previously studied at Leeds Trinity? If so, please give your student ID number (if known)** | | | | | | | | |  | | | | |

**SECTION 2**

**2.1 Taught Programme**

Complete if applicable:

|  |  |
| --- | --- |
| **I already have the following number of M Level credits:**  **(You must include a copy of the transcript or certificate showing these credits)** |  |
| **Awarding institution:** |  |
| **Date of Award:** |  |

**2.2 Payment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **The school will be paying my fee** |  | | **I will be paying my fee** |  | | **I am a qualified teacher (and evidence is attached)** |  | | DFE number (if qualified teacher): |  | |  |  |  |  |
|  |  | | | |

I have worked in education for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years and I became qualified via the following route:

I am not a qualified teacher, but I have worked in education for \_\_\_\_\_\_\_\_\_\_\_\_ years and have the following role in a school or educational setting:

I have the following CPD in SEND:

If you are not a qualified teacher and do not have a UG degree, you must provide a detailed CV highlighting your expertise in the area of SEND.

# 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** |  |

If other, please specify:

# Section 4

**Experience**

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

# Section 5

**5.1 Higher education qualifications. Please send copies of all qualifications listed below.**

In date order – most recent first from age of 18.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **University/Institution** | **Start Date** | **Finish Date** | **Qualification** | **Subject(s)** | **Result** |
|  |  |  |  |  |  |

Please add any other CPD qualifications such as HLTA, CCET below and include certificates of achievement or attendance:

**Section 6**

**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** |
|  |

# Section 7

**For Non-UK Applicants ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Passport No. |  | Country of Birth |  |
| Do you have a current UK visa? If yes, please provide us with your visa category, expiry date as well as a copy of your BRP and passport. | | | |

# Section 8

**8.1 Confirmation Headteacher’s agreement to support the course candidate:**

|  |  |
| --- | --- |
| **I support the application and confirm that the member of staff will attend taught sessions** |  |

|  |  |
| --- | --- |
| **I confirm that the school is paying the course fee** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature of Headteacher** |  |  |  |  |

Day Month Year

Please include a letter from the school supporting the application as many of the assignments are linked to your work in your setting. You will need access to children and or young people as part of the course to undertake assessments and interventions with. You will need to develop SLCN provision such as interventions in your setting.

# Section 9

**9.1 Declaration**

**General Data Protection Regulation:** The information that you have supplied will be processed and held on computer. The data may be processed for the purpose of compiling statistics, and passed to the Higher Educational Statistical Agency. By signing and returning this application form you will be deemed to be giving your consent to the processing of said data.

**I consent to the processing of the data contained in my computer record. I hereby grant Leeds Trinity University authority to release information relating to my academic status to my funding body or other agencies appropriate.**

|  |  |  |
| --- | --- | --- |
| **Signature** |  | **Date** |

**APPLICANT CHECKLIST**

* Application form fully completed
* Academic qualifications attached
* Marriage certificate/deed poll attached (if name has changed)
* Work place support (by a letter from your setting)

Please send to [admissions@leedstrinity.ac.uk](mailto:admissions@leedstrinity.ac.uk).