**A black background with a black square

Description automatically generated with medium confidence**

**Application for Professional Practice – Level 6 Top-Up**

Instructions for use

* Please TYPE your responses and email to admissions@leedstrinity.ac.uk
* You should also keep a copy of the completed application

**Entry Requirements**

For our Professional Practice degrees you **must** have:

* A Foundation degree in a relevant area or equivalent Level 5 qualification
  + GCSE English Language or English Literature at Grade C or 4 or above (or accepted equivalent such as level 2 Functional Skills in English)
  + Support from your workplace to join the programme and a written reference from your employer which will also confirm whether you already have a DBS check

**Section 1**

**Taught Programme Sought**

|  |  |
| --- | --- |
| **Title of Programme** |  |
|  |

|  |  |
| --- | --- |
| **Proposed Date of Entry** |  |
|  |

# Section 2

## Personal Details

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** (Mr/Mrs/Miss etc.) | | |  | | **Forename** (First Name) | | |  | **Surname/Family Name** | |
|  | | |  | | |  | |
| **Date of Birth**  DD/MM/YYYY | | | | |  | **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?** |  | |
| **National Insurance number:** |  | |
| **Date of entry to the UK (if not from birth):** |  | |
| **Tier 4 Visa required?** |  | |
| **If you require a Tier 4 Visa will you be applying from the UK or overseas?** |  | |

|  |  |
| --- | --- |
| **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

**Employment Details - to be completed by your employer (this includes returning students\*)**

We will require a written reference from your employer (Section 9), confirming whether you already have a DBS check and to confirm your suitability and involvement with children and young people in a work context. A reference is **not** required for returning students\*.

\*You will be deemed a returning student if you are returning to study immediately upon completion of a Foundation degree

**Self Employed applicants -** If you are self employed please state in writing, on a separate sheet, that you are able to meet the requirements of the work based tasks. You should also provide a reference from a professional person who has known you for a minimum of 2 years and can confirm your suitability and involvement with children and young people in a work context.

|  |  |
| --- | --- |
| **Employer/Setting:** |  |
| **Name of Organisation:** |  |
| **Address:** |  |
| **Candidate Role:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How long has the candidate been employed by you?** | Paid: |  | Voluntary: |  |
| **How many hours does the candidate work per week?** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Age phase working with?** |  | **Specialism (if relevant** |  |

**I agree to the applicant receiving half day release per week aligned with school term dates in order to attend the programme. I also agree to the applicant undertaking approved workbased tasks.**

**I confirm that the candidate has the support of their employer in applying for this course.**

|  |  |
| --- | --- |
| **Signature of Manager:** |  |
| **Print Name:** |  |
| **Telephone:** |  |
| **Email:** |  |

**If you are not confirming by electronic signature, please email** [**admissions@leedstrinity.ac.uk**](mailto:admissions@leedstrinity.ac.uk) **to confirm your support.**

Referee details (if different to employer details above)

|  |  |
| --- | --- |
| **Name:** |  |
| **Email:** |  |
| **Relationship to you:** |  |

**Section 4**

**DBS Disclosure – To Be Completed By The Employer**

|  |  |
| --- | --- |
| **Has the applicant undertaken a police check e.g DBS Enhanced Disclosure?** |  |
| **DBS Disclosure number:** |  |
| **DBS Date of Issue:** |  |
| **Workforce checked for (Child/Adult/Both):** |  |

**Section 5**

**Employment History**

Please give details of paid employment to date with the most recent first (if you require more space, please attach an additional sheet).

|  |  |  |
| --- | --- | --- |
| **Name and Address of Employer** | **Dates** | **Duties and Responsibilities** |
|  |  |  |

**Section 6**

**Qualifications to Date**

**Copies of your certificates should be attached to your application, as per entry requirements on page 1.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | | | |
| **School/College/University** | **Start Date** | **End Date** | **Subject/s Taken** | | **Results** | **Exam Board** | **Copy attached?** |
|  |  |  |  | |  |  |  |

**Section 7**

**Personal Statement**

Please indicate below why you think you would be suitable for this course

|  |
| --- |
|  |

# Section 8

**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.

|  |
| --- |
|  |

**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/transcripts and references 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 | | |
|  |  |  |

**Section 9**

**Reference – to be completed by your referee and sent via their professional email address (this can be sent on a separate sheet)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family name** |  | **How long have you known the applicant** |  |
| **Other name** |  | **In what capacity do you know the applicant** |  |
| **Title** |  | **Email** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Satisfactory** | **Poor** |
| **Quality of work** |  |  |  |  |
| **Academic potential** |  |  |  |  |
| **Reliability** |  |  |  |  |
| **Attendance/punctuality** |  |  |  |  |
| **IT skills** |  |  |  |  |
| **Verbal communication skills** |  |  |  |  |
| **Writing skills** |  |  |  |  |
| **Relationships/teamwork** |  |  |  |  |
| ***Additional Comments. Please indicate if you have any concerns over the applicant’s safeguarding history.*** | | | | |