

Short Course / Masterclass Application Form 2013/14

Please read notes for guidance available online at: www.staffs.ac.uk/ccu and click on courses.

1. Personal Details Title (Mr/Ms/Miss/Mrs/Dr)			
Surname/ Family name (BLOCK CAPITALS)			
First name(s)			
Previous surname if changed			
Correspondence address			
Telephone No. (including STD code)			
Day	_____		
Eve	_____		
Mobile	_____		
Email address:	_____		
Date of Birth	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment is due on enrolling for the course. Please let us know here who will be paying your fees for the course. Some part-time courses attract reduced fees or fee waivers for people on low income, benefits or pensions. If you think you may be eligible for a reduction in fees due to circumstances, please indicate below and get in touch with us as soon as possible.

University staff members may be eligible for reduced fees or fee waivers. Please check before completing this section of the form.

Please tick relevant box

I will be paying my own fees

Someone else is paying my fees

I believe I am eligible for reduced fees or a fee waiver

Address for invoice if different from home address

2. Disability or Special Needs
Please enter the appropriate code in the box provided if you have a physical or sensory disability which may in some way affect your studies at the University or may require special facilities or treatment (see notes for guidance)

Please provide full details in section 10

3. Course of Study. Please enter the course title and level you want to study it at. If you are not sure of the level, leave it blank and we will contact you later.

Course Title	Level

4. Work Experience
Please give details of your most recent or most relevant work experience either paid or unpaid.

Job or nature of work	Organisation	Paid or unpaid	Date started and finished

5. Qualifications

Please give us details of up to three of your most relevant qualifications.

Level	Subject	Dates and place of study	Results

6. Not sure if you have the right qualifications?

Explain why we should consider you anyway.

8. Special Needs

Please tell us of any special needs or support required because you have a disability or medical condition stated in section 2.

9. Criminal Convictions: If you have a relevant criminal conviction, enter X in the box. See Notes for Guidance for definition of relevant criminal convictions.

10. Declaration: I confirm to the best of my knowledge, the information given in this form is correct and complete. I have read the instructions, in particular those relating to this section. I understand what it says and agree to abide by the conditions set out there, which I accept as conditions of this application.

Applicant's Signature _____ Date _____

Please send completed forms to:

The Creative Communities Unit
Faculty of Arts and Creative Technologies
Staffordshire University
Stoke-on-Trent ST4 2DE
e: creativecommunities@staffs.ac.uk