ACCESS AND ADMISSIONS

**STUDENT AND REGISTRY SERVICES**

**Institute of Education Short Course Application Form**

Please complete ***all of the fields*** in the form otherwise your application cannot be processed, furthermore we require you to fill out the form in BLOCK CAPITALS or TYPE.

**Programme of Study**

The Holocaust in the Curriculum

Short Course/Module Applying for:

Are you a current UCL student?

**Personal Details**

1. Surname/Family Name\*:
2. First Name/Given Name(s):
3. Title (Ms, Mrs, Mr etc.):
4. Date Of Birth: Sex:
5. Nationality: Country of Birth:
6. Country of residence

(Last three years):

If you have had more than one country of residence in the last three years please detail below, with dates:

1. Address for correspondence:

**Address:**

**Post Code:**

**Email Address: Tel:**

1. Permanent Address (if different):

**Address:**

**Post Code:**

**Email Address: Tel:**

**Educational Background**

1. Please give details of educational qualification(s) obtained:
2. Is English your first language? YES/NO

(If ‘NO’, please indicate below whether you have taken an English test in the last two years or whether you have been educated in English)

**CPD Experience**

1. Please give brief details of your attendance of a full day CPD with UCL Centre for Holocaust Education, giving the date and location, or if you have a CPD day booked.

**Work Experience**

1. Please give brief details of work experience relevant to the course/module you wish to take.

**Supporting Statement**

1. Please outline your reasons for applying for your chosen course.

**Declaration and Signature**

To the best of my knowledge, the information on this application is accurate and complete. (Please note that UCL reserves the right to refuse admission or to terminate a student’s attendance should it be discovered that he/she has made a false statement or has omitted significant information.)

Data Protection Act 1998: I agree to UCL processing personal data contained on this form, or other data which UCL may obtain from me or other people or organisations while I am applying for admission. I agree to the processing and disclosure of such data for any purpose connected with my studies, or my health and safety while on UCL’s premises or for any other legitimate purpose.

Signature:

Date:

Following completion, please return this form to:

**holocaust@ucl.ac.uk**

**FOR OFFICE USE ONLY**

**Please complete all fields prior to submission to Graduate Admissions.**

**Departmental Recommendation:**

**ACCEPT/REJECT (delete as applicable) Start Date: ………… End Date: …………..**

**Module Code: …………………………. Module Name: ……………………….**

**Mode of Attendance: …………………. Accredited/Non-Accredited Module: …………….**

**Term:……………………….**

**Programme/Module Leader Name: ………………………………………………………….**

**Signature: ……………………………………………………… Date: ………………………………**