

## Faculty of Education

### APPLICATION FOR PGCE STUDENTS FOR ADMISSION TO THE SECOND YEAR OF THE MASTER OF EDUCATION

This form should be completed in duplicate and **both** copies returned to the **Higher Degrees Office, Room 2S1, Faculty of Education, 184 Hills Road, Cambridge CB2 8PQ**

**THE DEADLINE FOR RETURNING THE APPLICATION FORM FOR RESEARCHING  
PRACTICE STUDENTS IS THE 1<sup>ST</sup> OF JUNE.**

**FOR ALL OTHER COURSES THE DEADLINE IS THE 30th OF JUNE**

Please ensure that you have provided all the information requested to support your application.

**PLEASE COMPLETE SECTIONS A AND B IN BLOCK LETTERS**

<b><u>A</u></b>	(a) Last name:  Title Dr/Mr/Mrs/Ms/Miss etc:	(b) First and other names:
<b>B</b>	Please give contact details <b>for use during the summer holiday period</b>  (a) Home address:     Tel: _____ Mobile: _____  E-mail: _____  GTTR Number: _____	<b>C</b>
		Date of birth:  Country of birth:   Nationality:  UK visa status:  PHASE: PRIMARY,EARLY YEARS, KS2/3, SECONDARY (specify SUBJECT)   Year of PGCE completion:
<b>D</b>	Please give the name of your current college  Were you registered in a different name? YES/NO  If yes, please give previous name: N/A  <b>Please note that although we will try to find you a place at your existing college this may not be possible as some colleges will not accept part time students.</b>	
<b>E</b>	Date you wish to commence the MEd: OCTOBER 2009 / OCTOBER 2010 (Delete as appropriate)  <b>Please note it is not possible to commence at a later date as university regulations require the MEd to be completed within a three year period.</b>	
<b>F</b>	Route applied for: (i) <b>ARTS, CULTURE AND EDUCATION (Morag Morrison)</b> (ii) <b>EDUCATIONAL LEADERSHIP AND SCHOOL IMPROVEMENT (Sue Swaffield)*Please note that this route requires you to teach for one year between the</b>	



student of the University, this information will be retained during and following my studies for administering my progress and for the provision of anonymous statistical returns.

2. I certify that all the information given in this application is complete and accurate and I understand that if I have given false or misleading information the University of Cambridge will not admit me as a Graduate student, and may take legal action against me.
3. I certify that I am the original and sole author of all work submitted as part of this application, except where clearly indicated otherwise.
4. I understand that if my application is unsuccessful, the papers relating to it will be destroyed and the University will not return them to me under any circumstances.

Signature:

Date:

***The University is required by the Higher Education Statistics Agency to collect some of the above information for the purposes of their statistical returns. Information given in this application will be used to form part of a computerised record. Information about the statistics that we return to HESA are available at <http://www.hesa.ac.uk/index.php/content/view/141/171/>***

Please note that if you are going straight from your PGCE to your MEd year your passwords from your current year will still be used. If you are skipping a year you will need to use the web form at <https://jackdaw.cam.ac.uk/signup/> and when asked for your registration code, use your GTTR number. This will need to be done from a University Computer.

**Disclosure of disability or medical condition**

**I have or I am (tick one box only)\*:**

No disability <b>(00)</b>	Unseen Disability eg: diabetes, epilepsy, asthma. Please indicate the nature of your disability below. <b>(07)</b>
Blind/Partially Sighted <b>(02)</b>	Multiple Disabilities <b>(08)</b>
Deaf/Hearing Impairment <b>(03)</b>	Autistic Spectrum Disorder <b>(10)</b>
Wheelchair User or Mobility Difficulty <b>(04)</b>	Specific Learning Disability eg: dyslexia <b>(11)</b>
Personal Care Support <b>(05)</b>	Disability not listed above <b>(96)</b>
Mental Health Difficulties <b>(06)</b>	Information refused <b>(99)</b>

Please provide further details of the condition you have indicated above. Please include any specific support needs you have and what support you received during your previous studies. Please also indicate whether you were in receipt of Disabled Students Allowance (DSA).

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Please note that by signing this declaration, you are giving your consent for the information on this form to be shared with others in the Faculty (strictly on a need to know basis). This is to all us to meet your support needs as effectively as possible.

Name ..... Course .....

Address ..... Postcode .....

Signature ..... Date .....

Please return to:  
Higher Degrees Office, Faculty of Education, 184 Hills Road, Cambridge CB2 8PQ