

<b>FOR OFFICE USE ONLY</b>	Enrolled?	USN:
Cat No:	Course ID:	Class No:
Career No:	Out for Decision	Decision

## PRACTITIONER PROFESSIONAL DEVELOPMENT (PPD) APPLICATION FORM

Please complete ***all sections*** of the form in block capitals and return it to [ppd@educ.cam.ac.uk](mailto:ppd@educ.cam.ac.uk). Failure to complete all sections may result in delayed processing. Please read the accompanying Guidance Notes and Admissions Procedures before completing this form.

Course title			
Year of entry, e.g. 2012/13		Please select Term of entry	Michaelmas <input type="checkbox"/> Lent <input type="checkbox"/> Easter <input type="checkbox"/>

Personal Information				
Title:	Mr / Mrs / Miss / Ms / Dr / other (please state)			
Surname:		Previous Surname(s):		
Forenames:				
Date of Birth:		Marital Status		Gender (M/F/Other)

Address:	Home Address	Work Address
Postcode:		
Email:		
Telephone (home):		
Mobile:		

Please indicate preferred contact (x) Home  Work

Nationality		Country of Permanent residence	
Country of birth		Do you require a visa to study in the UK? Yes/ No	
Current visa status if applicable		Any second nationality	

Course Fees
Who will pay the Course fees? You <input type="checkbox"/> Employer <input type="checkbox"/> Other <input type="checkbox"/> (Please specify) _____
Address for invoice Home <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> (Please specify) _____
<i>Please note: Evidence of financial support should be provided if you are not meeting the fees yourself.</i>

### Section 4: Qualifications and Experience

Do you have Qualified Teacher Status? Yes  No

Current place of work: \_\_\_\_\_

Setting (e.g. Primary/ Secondary/ Special/ FE/ Adult Education) \_\_\_\_\_

Position/ Title (e.g. Teacher/ Teaching Assistant): \_\_\_\_\_

Total years of teaching experience (if applicable): \_\_\_\_\_

Please indicate the **highest** academic qualification you currently hold:

- |   |  |   |
|---|--|---|
| UK First Degree <input type="checkbox"/>          | UK Masters Degree <input type="checkbox"/>     | UK Doctoral Degree <input type="checkbox"/>     |
| Non-UK First Degree <input type="checkbox"/>      | Non-UK Masters Degree <input type="checkbox"/> | Non-UK Doctoral Degree <input type="checkbox"/> |
| CertEd/DipEd <input type="checkbox"/>             | PGCE with QTS <input type="checkbox"/>         | PGCE without QTS <input type="checkbox"/>       |
| Certificate of Higher Ed <input type="checkbox"/> |  |   |

Please list the Higher Education institution(s) you have previously attended:

College/ University	Course title and qualification obtained (e.g. BA English)	Result (e.g. 2.1)	Dates (studied from – to)

#### Professional membership

Professional Body	Date joined	Qualification obtained	Dates (from –to)

#### Employment

Name of organisation	Position held	Dates (from – to)

## References

Please provide the details of two referees who can vouch for your academic ability to study on the course for which you are applying.

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_ **Organisation:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Please ensure your reference is submitted on formal letterhead/ business paper. The reference should also be signed (we cannot accept electronic/ scanned signatures. Please see Guidance Notes for further reference requirements.

## Personal Statement

Please provide a brief statement (approx. 500 words) outlining your reasons for wishing to join the PPD course and what you hope to gain from it. Please see Guidance Notes for further Personal Statement requirements.

## Data protection

This document forms the legal basis of your application to Cambridge University. We reserve the right to refuse admission in the event of any misrepresentation by you. Submission of an application does not imply an offer of admission. Please read the following statement carefully before you sign your application. We cannot accept your application without your signature and the date below.

### 1. DATA PROTECTION ACT (1998):

The University of Cambridge will process your personal data (as defined by the Data Protection Act 1998) for the purpose of processing your applications for admission.

- We may keep a copy of your information provided in respect of your application and use the information to collect anonymised statistics or monitor equal opportunities (or both).
- We may use or disclose information provided in respect of your application for research purposes, but no information which could identify you will be published
- We will confirm that you are an applicant to banks or other third party organisations as requested by you in writing
- We will share your information as necessary with your referee and the appropriate staff at Cambridge University
- In order to prevent or detect fraud, we may provide information from your application to outside organisations including the police, Government departments, local authorities, and examination boards or awarding bodies
- If accepted on the course, we will further use your personal data in any manner and for any purpose described on the relevant [Student Gateway pages](#), as published on the University website and amended from time to time.
- If accepted we will return data about you to external agencies such as the Higher Education Statistics Agency (HESA) in accordance with the data protection statement for the Higher Education Statistics Agency (HESA) at [www.hesa.ac.uk/index.php/content/view/141/171](http://www.hesa.ac.uk/index.php/content/view/141/171), and other external agencies as required.

## Declaration

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 student, and may take legal action against me. I understand that papers relating to this application cannot be returned

**Student Signed:**

**Date:**

## Personal Data Form

Please note the information on this page can be separated and will not be considered as part of your application for the course. Please complete the form below and return with your completed application form.

Do you have any criminal convictions? Yes  No

### Ethnic Origin (tick one box only):

- |  |  |  |
|--|--|--|
| White <input type="checkbox"/>                           | Asian/Asian British - Indian <input type="checkbox"/>      | Mixed – White & Black Caribbean <input type="checkbox"/> |
| Traveller or Gypsy <input type="checkbox"/>              | Asian/Asian British - Pakistani <input type="checkbox"/>   | Mixed – White & Black African <input type="checkbox"/>   |
| Black/Black British – Caribbean <input type="checkbox"/> | Asian/Asian British – Bangladeshi <input type="checkbox"/> | Mixed – White & Asian <input type="checkbox"/>           |
| Black/Black British - African <input type="checkbox"/>   | Other Asian background <input type="checkbox"/>            | Other Ethnic Background <input type="checkbox"/>         |
| Other Black background <input type="checkbox"/>          | Arab <input type="checkbox"/>                              | Information Refused <input type="checkbox"/>             |
| Chinese <input type="checkbox"/>                         | Other Mixed background <input type="checkbox"/>            |  |

### Disability or health condition (tick one box only):

#### Disclosure of disability or medical condition

The Faculty of Education aims to make reasonable adjustments to the arrangements for the course in order to avoid disadvantaging any student. Therefore we encourage you to disclose any disability or medical condition you may have to enable both the Faculty and the Disability Resource Centre to assess your support needs and ensure we are meeting our fire safety obligations under the Fire Safety Act of October 2006.

Under the Disability Discrimination Act, a disability is any physical or mental impairment which has a substantial and long term adverse on an individual's ability to carry out normal day to day activities. We invite disclosure from anyone who feels they may have a disability or other condition which is likely to require additional support during their time at Cambridge.

By completing this section you will be put in contact with the Disability Resource Centre to establish what support, if any, is required to enable you to study effectively. The Disability Resource Centre works closely with the Faculty. In order to prevent any delay in processing your application, please respond promptly to any contact from the Disability Resource Centre.

I have or I am (tick one box only)

- |   |   |
|---|---|
| No known disability <b>(00)</b> <input type="checkbox"/>  | Mental health condition <b>(55)</b> <input type="checkbox"/>                    |
| Multiple disabilities <b>(08)</b> <input type="checkbox"/>  | Mobility difficulty/impairment <b>(56)</b> <input type="checkbox"/>             |
| Specific learning difficulty eg. dyslexia <b>(51)</b> <input type="checkbox"/>                    | Deaf/hearing impairment <b>(57)</b> <input type="checkbox"/>                    |
| Autistic Spectrum Disorder/Asperger's Syndrome <b>(53)</b> <input type="checkbox"/>               | Blind/visual impairment <b>(58)</b> <input type="checkbox"/>                    |
| Longstanding health condition eg. diabetes, epilepsy, asthma <b>(54)</b> <input type="checkbox"/> | Disability or medical condition not listed <b>(96)</b> <input type="checkbox"/> |
| Information Refused <b>(97)</b> <input type="checkbox"/>  |   |

#### Disabled Students Allowance (not applicable if you ticked box 00 above):

I am in receipt of Disabled Students Allowance Yes  No  Information refused

Student Name:

Signature:

Date: