

**Application for admission on to a Ruskin Mill Centre for Practice (RMCP) programme of study for 2024 – for External Applicants**

We want to process your application as quickly as possible. It is therefore essential that you complete all sections of the form. To help make sure the information you provide is clear and easy to read **PLEASE COMPLETE THE FORM IN BLOCK CAPITALS and BLACK INK OR TYPE. PLEASE ALSO TICK THE BOXES WHERE APPROPRIATE.**

**Application and Registration Process**

1. Complete and submit this RMCP application form along with supporting documentation. This provides details about how you fulfil the entry requirements and your reasons for wanting to join the programme.
2. If your application meets requirements, you will be invited to an interview with the academic director of RMCP and a representative of the RMCP board.
3. Those who do not have a Bachelors degree, will also need to complete a written assignment.
4. If your application is successful, you will be required to obtain an Enhanced Disclosure and Barring Service (DBS) or Police Check, RMCP can assist you with this.
5. You will then be required to register with the University of Huddersfield providing:
  - Evidence that you have been offered a place on the course by RMCP.
  - Evidence of permission to remain and work or study in the UK (if non-UK national living in the UK).
  - Evidence of right under UK rules to study in the UK if domiciled overseas.
  - Evidence of your competence in the English language if domiciled overseas and English is not your first language.

**Please refer to the Additional Information and Guidance document which details the acceptable evidence and any time limitations.**

**Check List of Application**

- |    |  |                          |
|----|--|--------------------------|
| 1. | Application form (signed and dated)                                | <input type="checkbox"/> |
| 2. | Contact details of two referees                                    | <input type="checkbox"/> |
| 3. | Copies of relevant qualification certificates/transcripts          | <input type="checkbox"/> |
| 4. | Diversity and equal opportunities monitoring form                  | <input type="checkbox"/> |
| 5. | Current Enhanced DBS certificate or Police Check (if you have one) | <input type="checkbox"/> |
- (Note that you will must present one no later than the first day of the course)

## 1. Proposed Programme of Study: MA in PSTE

### 2. Personal Details

Title (Mr/Mrs/Miss/Ms/Dr): \_\_\_\_\_ Surname/Family name: \_\_\_\_\_

First/given names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I identify my gender as: \_\_\_\_\_ Nationality: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

If you are not a UK national but live in the UK do you have permission to work in the UK (See page 7 No 9)?

YES / NO

### 2.1 Address

Your email will be used as the main communication method. Please notify us as soon as possible of changes.

Full postal address:

Contact phone number:

Postcode/Area Code:

Email address:

### 2.2 Emergency Contact Details

Full name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### 3. Academic Qualifications

All applications must include copies of academic and professional qualifications. Applicants who are not UK nationals and who live overseas please see the additional information and guidance before completing this form.

#### 3.1 Academic and professional qualifications

Please provide details of all / relevant academic and professional qualification starting with the most recently awarded qualification first.

School/College/University (including the address and country where studying)	Dates From      To	Qualification	Grade awarded	Date awarded

**3.2 Membership of professional institutions**

Please state the name of the Institution of which you are a member, your level of membership, the date you became a member, the expiry date (if applicable) and your registration number.

#### 4. Employment Information

Please give details of current employment and relevant employment history with dates (starting with the most recent and working backwards). Include any relevant industrial, professional or research experience. **Before completing this section, please refer to the Entry Requirements:**

- Applicants must have at least two years full-time (or equivalent) experience of working in the field of education and/or Special Education and/or Health and Social Care.
- Applicants must be working in a role and/or setting to which they can apply their learning from the Course. This work must be for a minimum of one day per week, for at least 30 weeks of the year. Please provide evidence of your role, number of hours/days of work.

Applicants who are not UK nationals and who live overseas please see the additional information and guidance before completing this form.

Employer	Position	Nature of Work (please state whether FT/PT)	Dates	
			From	To

## 5. Personal Statement

Please provide information that is relevant to your application for admission including: why you wish to join; how may it benefit your personal/professional practice; what are your skills and experience?

(Continue on separate sheets as needed)

## 6. Confidential References

You must provide the names and addresses of two referees. You may also be contacted for additional references. The referees should be two people who have knowledge of your academic or professional ability.

If you are currently a student or have recently completed a qualification at least one of the referees must be a teacher from your school or a lecturer from your college or university. Please provide your referees professional email address so that we can contact them directly. You must ask them first if they are willing to be your referee.

### Referee 1

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

Job title: \_\_\_\_\_

Professional email: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

### Referee 2

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

Job title: \_\_\_\_\_

Professional email: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

## 6.1 Evidence requested to your Referree

Your employer will be asked to confirm your contract type, how long you have worked at the organisation and the number of hours/days per week and weeks per year that you work.

## 7. Declarations

Due to the nature of the work carried out by Ruskin Mill Trust means that it is exempt from the provisions of Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. Any information given will be confidential and will be considered only in relation to an application for positions to which the Order applies.

**Have you any convictions, cautions or reprimands, warnings or bind-overs which you have incurred for any criminal offence(s)**    Yes    No

**Have you any pending convictions, cautions or reprimands, warnings or bind-overs for any criminal offence(s)**                      Yes    No

If you have answered yes to either of the above questions and are successful during the selection process you will be required to have a conversation with the Head of RMCP Keith Griffiths to assess any impact on any offer to be made.

## 8. Eligibility to work/study in the UK

Nationality:

Do you have the right, under UK immigration rules, to live, study or work in the UK?

Yes    No    Unsure

Please note that if your application is successful you will be required to provide evidence of your right to work/study in the UK.

Is your right to work/study in the UK time limited?

Yes    No

If yes, please provide details of the type of visa or work permit and any restrictions on work.

Start date:

Expiry date:

## 9. Signed Confirmation

I confirm that to the best of my knowledge the information given in this form is true, correct and accurate, and no information requested or other material information has been omitted:

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Completed application and supporting documents should be sent to:

**Email:** Sophie Creed, Assistant Registrar RMCP, [sophie.creed@rmlt.org.uk](mailto:sophie.creed@rmlt.org.uk)

**Post:** Ruskin Mill Centre for Practice, Old Bristol Road, Nailsworth, Gloucestershire, GL6 0LA

Further information about RMCP is available from Keith Griffiths, [keith.griffiths@rmlt.org.uk](mailto:keith.griffiths@rmlt.org.uk)

For office use only:	Date received:	Ref:
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## CONFIDENTIALITY

The personal information you provide will be treated as strictly confidential and will be used only for diversity and equal opportunities purposes. It will not be taken into consideration for interviewing purposes.

## Completion of the Form

If you require assistance in the completion of this form, would like to receive it in a different format or have any queries that you wish to discuss, please contact Sophie Creed.

<p><b>Disability</b></p> <p><b>Please refer to the information below before answering this question:</b></p> <p>The Equality Act (2010) defines a disability as a physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities.</p> <p>Do you consider yourself to be disabled/ have a disability as defined above, or if you do not consider yourself to be disabled, do you have any long-term health related condition that impacts upon your ability to carry out normal day-to-day activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to say</p>	
<p><b>Please tick which category/ies you think best describes your disability(ies).</b></p>	
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Autistic Spectrum Disorder
<input type="checkbox"/> Blind / Visually impaired	<input type="checkbox"/> Mental health difficulties
<input type="checkbox"/> Deaf / Hearing impaired	<input type="checkbox"/> Multiple disabilities
<input type="checkbox"/> Wheelchair User / mobility difficulties	<input type="checkbox"/> Learning disabilities
<input type="checkbox"/> Personal assistance e.g., support at work required	<input type="checkbox"/> An unseen disability (e.g. diabetes, epilepsy, asthma)
<input type="checkbox"/> Other disabilities (please specify):	
<p>Please describe any support that you will need to enable you to fully participate in the course:</p>	

I confirm that the above information is correct to the best of my knowledge. I consent to Ruskin Mill Centre for Practice processing and storing, by means of a computer database or otherwise, any information I provide for the purpose of studying at the Trust, in accordance with the Data Protection Act 2018 and UK GDPR.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Data processing**

The information you provide on this application form and any supporting evidence will be used by RMCP for the following purposes to:

- determine your eligibility for entry on to the Ruskin Mill Centre for Practice/University of Huddersfield Programme
- enable the Ruskin Mill Centre for Practice/University of Huddersfield to compile statistical reports
- enable the Ruskin Mill Centre for Practice/University of Huddersfield to initiate your student record

**Information that you provide during the application process may be shared with:**

- relevant government departments and NHS bodies, including: Higher Education Statistical Agency, UK Visas and Immigration, Office for Fair Access and the Office for Students, Department for Education and its agencies
- NARIC (for the assessment of international qualifications)
- the Police or other authority in relation to crime prevention or investigation, or in association with the Government's Prevent agenda

**IMPORTANT NOTE**

The Ruskin Mill Centre for Practice will take all reasonable steps to provide the educational service set out in its prospectuses. Should industrial action or other circumstances beyond the control of the Ruskin Mill Centre for Practice interfere with its ability to provide such a service, the Ruskin Mill Centre for Practice will take reasonable steps to minimise the resultant disruption.

In the event that you do not register as a student of the Ruskin Mill Centre for Practice, RMCP will retain your personal information for the rest of the academic year in accordance with RMCP's data retention policy. In the event that you do register, your data will be managed as per the Student Privacy Policy which you will sign at registration.