

**Internal Application Form: UAPC in Higher Education Practice - July 2020**

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| **1** | **Last name (family name)** |  |
| **2** | **First name / other names** |  |
| **3** | **Address** |  |
| **4** | **Date of Birth** |  |
| **5** | **Nationality (on passport)** |  |
| **6** | **Visa YES / NO** | *(Do you need a visa to work or study in the UK?)* |
| **7** | **Email address** |  |
| **8** | **SHU staff ID number** |  |
| **9** | **Correspondence address** |  |
| **10** | **Highest qualification achieved** | |  |  | | --- | --- | | Qualification |  | | Subject |  | | Grade |  | | Year/Month obtained MM/YYYY |  | |
| **11** | **Date appointed to Sheffield Hallam University** |  |
| **12** | **Directorate / College / Dept** |  |
| **13** | **Work Area** |  |
| **14** | **Line manager** |  |
| **15** | **Employment status**  *(please highlight)* | a. Fulltime permanent  b. Fractional permanent - state fraction: ………………  c. Fulltime temporary  d. Fractional temporary - state fraction: ………………… |
| **16** | **Role** *(e.g. librarian / researcher / student support officer / technician / etc)* |  |
| **17** | **Funding stream?**  *(e.g. employer / self-funding)* |  |
| **18** | **Number of hours of scheduled student contact (annually)** |  |
| **19** | **Line manager signature** *(confirming number of student contact hours, and support to attend the course)* |  |
| **20** | **Line manager email address** |  |
| **21** | Please read and sign the declaration statement:  Declaration:  I confirm that, to the best of my knowledge, the information given in this form is true, complete and accurate and no information requested or other material information has been omitted.  I understand that any offer of a place on the above course is subject to my acceptance of Sheffield Hallam University’s terms and conditions, which I confirm to have read, understood and agree to comply with.  I acknowledge that if I have knowingly made a false declaration, Sheffield Hallam University may cancel my application and I shall have no claim against Sheffield Hallam University in relation to this application.  **I understand that Sheffield Hallam University will process my personal data for the purposes of my study on the PgCert in Higher Education course, including by sharing of relevant personal data between HR, Registry Services and the course team.**  **Applicant signature: Date:** | |

**Please return to** [**specialistroutes@shu.ac.uk**](mailto:specialistroutes@shu.ac.uk)