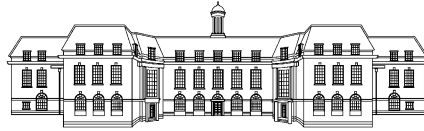


**MT/AF**



STRANMILLIS UNIVERSITY COLLEGE  
A College of Queen's University Belfast

# **Application for Admission 2010**

## **Master of Teaching (MTeach)**

### **PART-TIME STUDY**

#### **Notes**

- (1) This form, including a £10 administration fee, must be completed and returned to the Admissions Officer at Stranmillis University College not later than **Friday 23 July 2010**. An application form received without the prescribed fee shall be deemed incomplete and will be returned. Cheques should be made payable to **Stranmillis University College**.
- (2) The College cannot accept responsibility if the result of this application is affected by omissions or by incomplete or inaccurate information supplied by the candidate.
- (3) The course fee is £600 per module (subject to confirmation) and may be paid by credit card.

When completed, please return this form to the Admissions Officer, Stranmillis University College, Stranmillis Road, Belfast, BT9 5DY. Faxed, e-mailed, unsigned or late applications will not be accepted.

The closing date for receipt of applications is 3.00pm on *Friday 23 July 2010*

**PERSONAL DETAILS**

Surname \_\_\_\_\_ (nee) \_\_\_\_\_

OTHER NAME(S) (in full) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (town) \_\_\_\_\_

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Number \_\_\_\_\_ / \_\_\_\_\_  
(including STD code) E-Mail Address \_\_\_\_\_

**CURRENT EMPLOYMENT DETAILS**

Name and Address of present School/Employer/Workplace \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Commencing Date \_\_\_\_\_

How many years teaching experience do you have? \_\_\_\_\_

**FOR OFFICE USE ONLY**

APP. No.		S.N.	
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MT/	SENT/	TRACKING
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I.R.	
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EXP.	
D.	

List the schools or relevant bodies of previous employment (with dates):

Previous schools or relevant bodies	Dates

List any posts of responsibility that you have held (with dates):

Posts of responsibility	Dates

Have you been a student at Stranmillis University College or Queen's University?

Yes  No

If yes please state: year of entry \_\_\_\_\_ student no \_\_\_\_\_

### QUALIFICATIONS OBTAINED

Give details of all degrees and professional qualifications. In each case state the qualification, the name of the awarding institution, the date of the award and the main subject(s) involved.

Example: BA QUB (Hons) 1991 Geography.

QUALIFICATION	AWARDING INSTITUTION	CLASSIFICATION	DATE	SUBJECT(S)

### PURPOSE IN TAKING THIS COURSE

Please state the purpose(s) you have in view in completing this degree programme.

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## ACCREDITATION FOR PROFESSIONAL DEVELOPMENT

Are you applying for accreditation for completed Professional Development Activity (PQH, EPD, CERT PD, etc)      Yes       No

If yes, you must submit documentation confirming completion of Professional Development Activity with this application. In the case of EPD, this must include an official letter of verification from your school.

## REFEREES

Give the name and address of one person to whom you will pass the enclosed reference form. This will normally be the Principal of your school/college.

Name \_\_\_\_\_

Position in School/College \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel. No \_\_\_\_\_

(including STD code)

## STUDENTS WITH DISABILITIES

The University College is willing to help students with disabilities. However, information is required to enable us to do this effectively. If therefore you have any disability you should tick the box and provide details on a separate sheet. This information will not affect our decision on your academic suitability for the course and will be treated as confidential.

## DECLARATION

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I give my consent to the processing of my data by Stranmillis University College. I accept that if I do not comply with their requirements my application may be cancelled and I shall have no claim against Stranmillis University College.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_