

**Professional Development Certificate (HE3) (Boarding Education)
Professional Practice Certificate (HE1) for Boarding Staff**

BSA/ROEHAMPTON COURSE APPLICATION FORM

(Please complete all sections in black ballpoint, or type)

Year of entry

2010/2011

Section 1

Surname	<input type="text"/>	Mr	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	
Forenames	<input type="text"/>	Known as:	<input type="text"/>	Date of birth	<input type="text"/>					
Country of permanent residence	<input type="text"/>			Nationality	<input type="text"/>					
Applicants not born in the UK, state date of last entry to UK and date from which you have been resident									<input type="text"/>	
Term time address	<input type="text"/>			Holiday address	<input type="text"/>					
<input type="text"/>				<input type="text"/>						
<input type="text"/>				<input type="text"/>						
<input type="text"/>			Post code	<input type="text"/>		<input type="text"/>			Post code	<input type="text"/>
Telephone No	<input type="text"/>			Mobile	<input type="text"/>					
Email	<input type="text"/>			Other email	<input type="text"/>					

Section 2

<u>BSA Course Code</u>	<u>Course Title</u>	<u>Venue (Start only)</u>	<u>Level</u>	<u>Module Title</u>	<u>Roehampton Code</u>
<u>Example</u> 10/6	London Part 1	London	HE3	Pastoral care	EDS015X720

Section 3

Relevant Qualifications (Post-school)

Full Title	Institution / Awarding Body	Dates		Full-time/ Part-time	
		From	To		

Name of School:

Preparatory

Secondary

Special

Independent

Maintained

Grant Maintained

Other

Current position

Since (date)

Previous positions held in school (if any)

Name of Headteacher

I confirm that my details on this form are correct and I agree to comply with the Regulations of the University, including all academic, financial, library and computing regulations as set out in the appropriate Programmes Handbook and the Students handbook, and accept that my registration will be cancelled in the event of the non-payment of my fees.

Signature of Student

Date

Data Protection Act: The information on this form has been produced for the computer record, compiled from data provided by you and as such is subject to the provisions of the Data Protection Act

Please check that you have included all the information requested.

This form should be returned to: Director of Training, Boarding Schools' Association,

Grosvenor Gardens House, 35-37 Grosvenor Gardens, London SW1W 0BS

Telephone 0207 798 1580; e-mail: training@boarding.org.uk

Finance details (for Office use only)

Student has signed Financial Undertaking to pay fees and/or to abide by specific terms

Signed: For Head of Financial Services

Date