

# School of Psychology - DECAP Application

Doctorate in Educational, Child & Adolescent Psychology Course Application

## Application Guidance

Before you begin:

This form must be completed in one sitting. You can navigate back through completed sections at any time, without losing information, provided you do not close or navigate away from the form.

It is recommended that you complete long answers, such as your personal statement, in a word-processing application then paste them into this form. There is a system limit of 4,000 characters for any text box, and some questions may impose a word limit.

Please read the accompanying guidance which can be found here, along with a completed example form:

<https://www.qub.ac.uk/schools/psy/Study/PostgraduateTaughtCourses/DECAP/Apply/>

- - -

This form is divided as follows and is expected to take up to 2 hours to complete:

1. Application Form
  - Personal, Contact and Additional Details
  - Graduate Basis for Chartered Status
  - Qualifications
  - Relevant Experience
  - Personal Statement and Self-Reflection
  - Referees
2. Rehabilitation of Offenders Form
3. Equal Opportunities Monitoring Form
4. Disability Awareness Form (optional)
5. Agreement and Form Submission

## Personal Details

1. Title \*

2. Surname \*

3. Previous Surname, if applicable

4. Forename(s) \*

5. Date of Birth \*

## Contact Details

### 6. Permanent Address \*

*Enter your full address, including postcode.*

1 Mystreet  
Bramble Way  
Littletown  
MY1 1EG

### 7. Correspondence Address

*If you use a different address for correspondence, enter it here.*

Enter your answer

### 8. Telephone Number \*

*Enter a number we can reach you on, such as your mobile.*

01 2345 6789


### 9. Email Address \*

anne@example.com

## Additional Details

10. National Insurance Number \*

NI123456

11. Country of Birth \* 

France

12. Nationality \*

Spanish

13. Country of Domicile \*

Austria

14. Do you need a work permit to work in Northern Ireland? \*

- Yes
- No

15. Do you hold a current driving licence? \*

*Applicants without full driving licences may be offered places, subject to obtaining full licences before beginning the course (unless prevented for health or disability reasons).*

- Yes, full licence
- Yes, provisional licence
- No

16. Do you have access to a form of personal transport? \*

Yes

No

17. Previous Student Number

*If you have previously been a student of QUB and you know your student number, please enter it here.*

Enter your answer

See guidance 1.1.1.

## 18. A-Levels \*

*Please chronologically list all A-Level or equivalent qualifications in the format: Date Awarded, Awarding Institution, Subject, Grade*

1/8/2005, EDU, Maths, A  
1/8/2006, EDU, English, B  
1/8/2006, EDU, Geography, B

## 19. Higher Education

*Please list obtained degree(s) in the format: Date Awarded, Awarding Institution, Course, Classification. Please also list assessed module marks and details of any distinctions.*

1/8/2010, University of Examples, BSc Psychology, 2:1  
- Advanced Psychology: 64  
- Human Behaviour: 67  
- Distinction in Experimental Methods

## 20. Professional Qualifications

*Please list details of any professional qualifications awarded to you, including the date, title and awarding body.*

1/8/2011, Certificate of Psychology Studies, Institute of Examples

## Graduate Basis for Chartered Status of the British Psychological Society

See guidance 1.1.1.

### 21. Please indicate your eligibility for chartered status \*

*You will be asked to provide proof of eligibility.*

- I am currently eligible for the Graduate Basis for Chartered Status
- I will be eligible on completion of my studies
- I am awaiting the decision of the BPS as to whether I am eligible

## Relevant Experience

See guidance 1.1.2 and 1.2.2.

Applicants must demonstrate that they have a minimum of 2 years (2,000 hours) relevant experience.

### 22. Relevant Experience \*

*Please chronologically list your experience, clearly indicating the name of the organisation, the nature of the work, dates to and from, and total number of hours worked.*

Assistant in the Institute of Examples, January 2012 - December 2012. Assisted therapists with data analysis, conducted surveys and provided consultation. 550 hours.

Junior Therapist in the Example Organisation, January 2014 - March 2016. Assisted senior therapists in delivering mental health care. 1,800 hours.

### 23. Total Hours of Experience \*

*Please give the combined total of all hours of experience from the above list.*

2,350

### 24. Sick Leave \*

*How many days have you been absent from work or study in the past 2 years?*

5



## Personal Statement and Self-Reflection

See guidance 1.2.3.

It may be useful to type your statement in a word-processing application, then copy and paste it. Your response must not exceed 750 words.

### 25. Personal Statement and Self-Reflection \*

*Text fields have a maximum length of 4,000 characters each. If you need to, you can use the continuation field, but do not exceed 750 words in total.*

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## 26. Continuation

*Continuation of Personal Statement and Self-Reflection.*

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## 27. Word Count \*

*Please give the exact word count for your statement.*

698

## Referees

See guidance 1.3.

You must provide contact details for 3 referees, one of whom must be from your last employment working with children or young people.

The selectors reserve the right to seek references from persons other than those you have named.

### 28. Referee 1 (last employment working with children or young people) \*

*Include Position, Name, Address, Email and Telephone Number*

Senior Therapist  
Jane Jones  
123 The Road  
TH3 4AD  
01 2345 6789

### 29. Referee 2 \*

*Include Position, Name, Address, Email and Telephone Number*

Manager  
John Joe  
Institute of Examples  
3 Some Street  
ST3 3RT  
01 2345 6789

### 30. Referee 3 \*

*Include Position, Name, Address, Email and Telephone Number*

Supervisor  
Jose Jacobs  
1 Park Way  
PW1 1WY  
01 2345 6789

## End of Application Section

You have reached the end of the application section, but the form is not yet submitted. You must complete these additional forms before the submission stage:

- Rehabilitation of Offenders Form
- Equal Opportunities Monitoring Form
- Disability Awareness Form (Optional)

You can navigate back through completed sections at any time, without losing information, provided you do not close or navigate away from the form.