

Complete this form in Microsoft Word. Print SEVEN copies, ATTACH PHOTOGRAPH TO EACH and return with insert forms, to:

Course Administrator,

Doctorate in Educational, Child & Adolescent Psychology Applications

School of Psychology

Queen’s University Belfast

Belfast BT9 5BN

**CLOSING DATE: Wednesday, 8th January 2020**

# APPLICATION FORM for 2020 intake

# DOCTORATE IN EDUCATIONAL, CHILD & ADOLESCENT PSYCHOLOGY

N.B All relevant information must be included on this form (continuation sheets should not be used). Application forms to be typed. Forms downloaded from the internet should be typed in Times New Roman font, size 12. Applicants should pay close attention to the accompanying notes on how to complete the form.

**1. PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname (& Former Name if applicable)** |       | **Title** |       |
| **Forename(s)** |       |
| **Permanent Address**including postcode | **Address for correspondence**including postcode, if different |
|       |       |
| Tel. No |       | Tel. No |       |
| e-mail |       | e-mail |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth |       | Age |       | National Insurance No. |       |
| Country of Birth |       |
| Nationality: |       | Country of Domicile |       |
| Do you need a work permit to work in Northern Ireland? |       |
| Do you hold a current driving licence? |       If yes what type? **(note 5.6i)**       |
| Do you have access to a form of personal transport? |       |
| If you have been a student of this University, your student card number, if available: |       |

1. **OFFICE USE ONLY**

|  |  |
| --- | --- |
|  | **DECISIONS** (and conditions if any) **INITIALS DATE** |
| Selector |  |
| **Attendance** |  |
| **Course Code** |  |
| **Sex** |  |
| **Marital Status** | **Faculty Confirmation** |
| **Date of Birth** |  |
| **Country of Birth** |  |
| **Country of Domicile** |  |
| **Nationality** |  |
| **School** |  |
| **Department** |  |
| **Previous University** |  |
| **Special Needs** |  |
| **Publicity** |  |

**3. QUALIFICATIONS *See guidance 1.1.1***

* **List in chronological order all A levels or equivalent and all subsequent qualifications, both** **academic and professional, *including module marks/grades* and any distinctions.**
* **You should state published degree mark and provide an academic transcript. If not available, you should state this.**
* **Overseas qualifications: Enclose academic transcripts and photocopies of degree certificates. Provide proof of competency in written and spoken English if your psychology degree was not obtained through English (*see guidance 1.1.4*).**

|  |  |  |  |
| --- | --- | --- | --- |
| DATESFrom To | INSTITUTION/UNIVERSITY | SUBJECTS | QUALIFICATIONSWith marks/class of degree awarded |
|       |       |       |       |       |

**4. GRADUATE BASIS FOR CHARTERED STATUS OF THE BRITISH PSYCHOLOGICAL SOCIETY**

Please tick one, and enclose proof of GBC status if applicable. **(*See guidance 1.1.1)***

*either* a) I am currently eligible for the Graduate Basis for Chartered Status. [ ]

*or* b) I will be eligible on successful completion of my studies by 8th January 2020. [ ]

*or* c) I am currently awaiting the decision of the BPS concerning whether or not I am eligible. [ ]

1. **RELEVANT EXPERIENCE**

Present in chronological order, from earliest to current experience.

**Give dates of employment, the name of the employing organisation, hours worked per week. Include voluntary and vacation employment if relevant to educational psychology.**

***See guidance 1.1.2 and 1.2.2.***

**Applicant must demonstrate they have a minimum of 2 years relevant experience. *(This is 2000 hrs)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of organisation /** **Nature of work** | **Dates** | **Hours per week** | **Total weeks** | **Total Hours** |
| **From** | **To** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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|       |       |       |       |       |       |
| **TOTAL NUMBER OF HOURS (page 3)** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of organisation /** **Nature of work** | **Dates** | **Hours per week** | **Total weeks** | **Total Hours** |
| **From** | **To** |
|       |       |       |       |       |       |
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| **CUMULATIVE TOTAL NUMBER OF HOURS (pgs 3 & 4)** |       |

**6. SICK LEAVE.** How many days have you been absent from work/study due to illness in each of the last two years?

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|       |

**7. PERSONAL STATEMENT AND SELF-REFLECTION *See guidance 1.2.3.***

***Please add the exact word count at the end of the statement and note that information provided beyond the word limit will be discounted*.**

**Word Limit: 750 words**

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|       |

**Personal statement and self-reflection (continuation sheet) – Please add the exact word count at the end of the statement. The word limit is 750 words.**

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1. **NAMES, ADDRESSES (INCLUDING E-MAIL), TELEPHONE NUMBERS OF THREE REFEREES. *See guidance 1.3.***

Please asterisk the name of the referee from your last employment working with children or young people (for Safeguarding purposes).

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

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| --- |
| a.      |
| b.      |
| c.      |

**9. DECLARATION AND SIGNATURE**

I confirm that the information given on this form is true, complete and accurate and no information requested or other relevant information has been omitted. I have read and complied with the instructions for the completion of the application form. I accept that if any information is inaccurate or has been omitted, the University reserves the right to cancel my application and I shall have no claim against the University in relation thereto.

If offered a place in due course I understand that, in accepting, I agree to abide by the rules and regulations of the University. By signing the application form I confirm my agreement to this.

I consent to the University processing the information in this form for administrative purposes, including consideration of my application in accordance with the provisions of the Data Protection Act.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant's** **signature:** |  | **Date:** |  |