# APPLICATION FOR ADMISSION TO THE PGCE

## CONFIRMATION OF UNDERSTANDING AND CONSENT TO SHARE FORM

## **NAME (BLOCK CAPITALS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PGCE SUBJECT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I accept an offer of a place, I am aware that it is in my best interest to:

1. Make full and honest disclosures regarding all of the following that apply to me: serious criminal convictions, being on the specific health declarations, Fitness to Practice investigations, or safeguarding issues, such as being on the Vetting and Barring list as a risk to children or adults.
2. Declare details of any criminal convictions, when applying to Access NI, whether or not spent in accordance with the Rehabilitation of Offenders (Northern Ireland) Order 1978, formal cautions issued by the Police in any part of the United Kingdom or any other country, any binding over or fixed penalties (other than minor motoring offences). These will not automatically exclude me from Initial Teacher Education training.
3. Disclose if I am on a Vetting and Barring list of unspent offences in relation to vulnerable children or adults. I am aware that the Disclosure and Barring Service (DBS) helps organizations in Northern Ireland (England and Wales) make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.
4. Complete a health questionnaire, as required by the University.
5. Declare any disability or significant health condition, if I wish to apply for individual circumstances or reasonable adjustments for assessment and/or placement.
6. Provide relevant information to the University’s medical advisers. I understand that all medical and sensitive personal information I provide will be held in confidence by the University Occupational Health Unit. The School of Social Sciences, Education and Social Work will only be informed of the effects of a health problem or impairment, if relevant to your educational needs, and of recommendations on support or adjustments that could be of assistance to you.

If I accept an offer of a place, I understand and agree that:

1. My contact information (name, student ID, date of birth, email address) will be shared with Occupational Health so that they can contact me directly regarding submission of my health questionnaire.
2. School placement providers are responsible for considering my suitability to undertake placement in their school, and where they express concerns over a criminal declaration made, they may not be being willing to consider me suitable.
3. If I am refused a school placement, based on concerns over a criminal declaration made, I understand that this is outside the control of the University and may require me to withdraw from the PGCE.
4. To secure a placement, details from the student profile section of my application will be shared with placement schools. Some placement schools want to contact their placement students directly by email in advance of the placement.
5. The University may be required to discuss issues regarding my attendance, performance, fitness to practise, criminal convictions or health with school placement providers and other appropriate staff involved in supporting your learning, where relevant.
6. In some situations, the University may have to share the information relating to my Enhanced Disclosure Certificate (criminal history check), Certificate of Good Conduct or Self-Declarations with a regulatory body, the Disclosure and Barring Service or another third party. Regulatory bodies may require records of meetings where this information was discussed substantially after the date of the check. Information being shared will be discussed in advance and will be done in compliance with applicable data protection legislation, further information on data protection is available via the University privacy notices:

Student Privacy Notice | Applicant Privacy Notice | Queen's University Belfast Privacy Notice

1. Once any specific learning needs or individual circumstances are disclosed, they may be shared with relevant academic staff and placement colleagues (e.g. placement school Teacher/Tutor, Placement Co-ordinator, Postgraduate Disability Advisor, Occupational Health Service).
2. Information pertaining to my allocated placements will be displayed within the academic institution alongside that of other PGCE students, on the understanding that this information will be restricted to fellow students and university staff. I will observe complete confidentiality in respect of placement data concerning my fellow students.
3. I will process any personal information I may have access to during my PGCE in accordance with the Data Protection Policy of the relevant data controller.
4. Providing inaccurate or fraudulent information to the University may require me to withdraw from the course.

By signing this form, I confirm that I have read, understood and agreed to the conditions outlined in a – p above.

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

Please return this document to: sseswpgceadmissions@qub.ac.uk