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| MA in Higher Education Practice (Part-Time)Internal Application Form Keele Institute of Innovation and Excellence (KIITE) and the  School of Social Science & Public Policy  Keele University, Staffordshire ST5 5BG |  |

**\***Indicates mandatory fields

**PLEASE NOTE: Applications must be received by Friday 20th September 2019. In exceptional circumstance we will consider a late application, but no later than 4th October 2019.**

**Completed applications should be sent to** [**academicdevelopment@keele.ac.uk**](mailto:academicdevelopment@keele.ac.uk) **along with the mentor agreement form.**

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| Personal Details |
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| \***Forename(s):** | **\*Surname:** |
| **\*Title:** | **\*Gender:** |
| **\*Date of Birth:** |  |
| **\*Contact Address (Work):** |  |
| **\*Home Address:** |  |
| **Work Telephone Number:** | **Alternative Telephone Number:** |
| **Fax (if applicable):** | **\*Email:** |
| **\*Nationality:** | **\*Country of Birth:** |
| \***Country of Residence:** |  |
| **\*Do you hold a visa to reside in the UK?**  (if yes, we will contact HR to ascertain your eligibility to study) | |  |  | | --- | --- | | Yes |  | | No |  | |

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| Progression Routes |

For further information on progression routes, please visit: https://www.keele.ac.uk/study/postgraduatestudy/postgraduatecourses/highereducationpractice

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| **Year** | **Modules** | **Modules** | **Exit Awards** |
| **Year One** | Teaching Reflectively in Higher Education  (30 credits)  D1 UKPSF | Design and Development in Higher Education  (30 credits) | PGCert in Higher Education Teaching  (60 credits)  D2 UKPSF |
| **Year Two** | Supporting Learning, Research and Scholarship with Technology  (30 credits) | Developing Innovation in Practice  (30 credits) | PG Diploma in Higher Education Practice  (120 credits)  D2 UKPSF |
| **Year Three** | Action Research Project /Dissertation (60 credits) | Action Research Project /Dissertation (60 credits) | Masters in Higher Education Practice  (180 credits) |

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| **Assessment of Prior Learning (APL)** |

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| **If you would like to claim full or partial exemption from modules, please list below the programmes/modules or prior experience you wish to be taken into consideration:** |

If you have indicated above that you may have a claim for APL, the Programme Administrator will contact you with further information regarding the application process.

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| **Employment Details** |

Information is required in relation to your current position within the University. Please provide details below:

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| **\*Position:** |  |
| **\*Type of Contract (f/t, p/t, fixed-term):** |  |
| **\*Name of Head of School:** |  |
| **\*Name of Mentor (allocated by Head of School):** |  |
| **\*Details of teaching to be undertaken (level, type, frequency):** |  |
| **\*I confirm that in the academic year 2019- 2020 I will be able to complete a minimum of 25 hours of teaching.** | Check the box to confirm |

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| **Qualifications/Previous Teaching Experience/Memberships** |

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| **\*What is the highest qualification you will have at the commencement of the course?** |

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| **Please provide details of any previous teaching experience:** |

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| **Please provide details of any professional bodies membership:** |

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| **Student Support** |

You do not have to provide this information. If however, you choose to do so it will be passed on to our Student Support to assess any support needs.

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| **Do you consider yourself to have a disability?** | |  |  | | --- | --- | | Yes |  | | No |  | |

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| P**lease provide a description of your disability and /or needs:** |

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| **Data Protection** |

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| Data Protection Act The information contained in this form will be used for the purpose of processing your application and, if your application is successful, will form the basis of your University record. University Charter, Statute, Ordinances and Regulations Registration at Keele University is conditional upon observation of the University’s Charter, Statute, Ordinances and Regulations in effect at any time. A copy of the current version may be obtained from the University Secretary’s office or is available on the web at [www.keele.ac.uk/admin/ps/governance/acts/index.htm](http://www.keele.ac.uk/admin/ps/governance/acts/index.htm) |

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| **Authorisation and Commitment** |

I hereby apply for admission to study at Keele University for the programme set out above and confirm that the information provided is correct to the best of my knowledge. **Please note**: Electronic signatures are acceptable. However, by typing your name it is assumed that you have seen the form and that you have given your permission to proceed.

**Expectations of the Programme**

Applicants will need to commit to attending weekly sessions and should anticipate routinely committing half a day on Wednesday mornings and occasionally a full block day. The signatures of HoS and mentor are required to demonstrate the school’s support of that commitment.

All colleagues undertaking the Academic Professional Apprenticeship will require one day a week off timetable (i.e. 20% remission of time). This will mostly be covered by the PGDip sessions.

**Applicant**

I confirm that I have read, understood and can meet the expectations of the programme

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| Name of applicant: | Signature: | Date: |

**Head of School**

I confirm that I have read and understood the expectations of the programme and support the applicant

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| Name (Head of School): | Signature | Date: |

**Mentor**

I confirm that I have read and understood the expectations of the programme and support the applicant

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| Name (Mentor): | Signature: | Date: |

**Research Supervisor (Applicable only for PhD/GTA students)**

I confirm that I have read and understood the expectations of the programme and support the applicant

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| Name: | Signature: | Date: |

**Note for applicants:** your mentor must complete the Mentoring Agreement Form which must then be submitted with this application - failure to do so will prevent the processing of your application.

**Send this completed application form to:** [**academicdevelopment@keele.ac.uk**](mailto:academicdevelopment@keele.ac.uk)

# MA in Higher Education Practice (Part-Time)

# Internal Application Form

Keele Institute of Innovation and Excellence (KIITE) and the

School of Social Science & Public Policy

Keele University, Staffordshire ST5 5BG

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| **Mentor Agreement Form** |

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| **Name of Participant:** |  |
| **Name of Mentor:** |  |
| **School/Workplace of Mentor:** |  |
| **Contact details of Mentor:** | Tel:  Email: |
| **Mentor’s eligibility criteria: Mentors must be at least a Fellow of the HEA**  (please tick as appropriate) | Fellow  Senior Fellow  Principle Fellow |
| **Agreement by Mentor:**   * I have read and understood the Mentor Guidance (available at: https://www.keele.ac.uk/study/postgraduatestudy/postgraduatecourses/highereducationpractice) * I agree to fulfil the role of Mentor to enable the Participant named above to undertake the PGDip HEP Programme. * I confirm that I am a Fellow of the HEA (Fellow/Senior Fellow/Principal Fellow)   Signature of Mentor:  Date: | |

**Send your completed mentor agreement form, along with your application form to:**

[**academicdevelopment@keele.ac.uk**](mailto:academicdevelopment@keele.ac.uk)

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| CONFIDENTIAL : Equal Opportunity Form |

## Keele University is an Equal Opportunities institution. We will not discriminate on the grounds of gender, race, partnership status, age, disability, religious or political belief or sexual orientation. We would be grateful if you could provide the following details which will be treated in the strictest confidence.

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| **Surname:** | |  | | | | First Name: |  | | | | Middle Name(s): |  | |
| **Date of Birth:** | |  | | | | Post Ref No: |  | | | | | | |
| **Post title** | |  | | | | **School/ Department** |  | | | | | | |
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| **Nationality:** | |  | | | | | | | | | | | |
| **Racial or Ethnic Group:** | | | | | | | | | | | | | |
| **WHITE** | | | **MIXED** | | | | **ASIAN/ASIAN BRITISH** | | | | | | |
| **British** | | |  | White & Black Caribbean | | |  | Indian | | | | | |
|  | English | |  | White & Black African | | |  | Pakistani | | | | | |
|  | Scottish | |  | White and Asian | | |  | Bangladeshi | | | | | |
|  | Welsh | |  | Any other Mixed background, please specify:  ……………………………. | | |  | Any other Asian background, please specify:  ……………………………. | | | | | |
|  | Other, please specify:  ……………………….. | |
|  | Irish | | **BLACK/BLACK BRITISH** | | | | **CHINESE/OTHER ETHNIC** | | | | | | |
|  | Any other white background, please specify:  …………………………. | |  | | Caribbean | |  | Chinese | | | | | |
|  | | African | |  | Any other background, please specify:  ………………………………. | | | | | |
|  | | Any other Black background, please specify:  …………………………. | |
| Gender: | | | | | | | | | | | | | |
|  | Female | |  | Male | | | | | | | | | |
| Is your gender identity the same as the gender you were originally assigned at birth: | | | | | | | | | | | | | |
|  | Yes | |  | No | | |  | Information refused | | | | | |
| What is your sexual orientation: | | | | | | | | | | | | | |
|  | Bisexual | |  | Gay Man | | | | |  | Gay Woman/Lesbian | | | |
|  | Heterosexual/Straight | |  | Other | | | | |  | Information refused | | | |

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| **What is your religious belief:** | | | | | | | | |
|  | No religion |  | Buddhist | | | |  | Christian |
|  | Hindu |  | Jewish | | | |  | Muslim |
|  | Sikh |  | Spiritual | | | |  | Any other religion or belief |
|  | Information refused |  | | | | | | |
| **Disability:** | | | | | | | | |
| **Do you consider yourself to have a disability**: | | | | |  | Yes |  | No |
| If you do consider yourself to have a disability please indicate the nature of the disability from the list below. In order to meet our obligations under the Disability Equality Duty we are permitted to return two types of disability to the Higher Education Statistics Agency (HESA). Should you wish to indicate more than two types of disability, could you please confirm which you would wish us to consider as your two main types. All information returned to HESA is anonymised. | | | | | | | | |
|  | Specific learning disability | | |  | | Physical impairment | | |
|  | General learning disability | | |  | | Deaf or serious hearing impairment | | |
|  | Cognitive impairment | | |  | | Blind or serious visual impairment | | |
|  | Long-standing illness or health condition | | |  | | Other type of disability | | |
|  | Mental health condition | | |  | | Do not wish to declare | | |
| If you have selected ‘other type of disability’ can you please specify: | | | | | | | | |

***This form is optional to complete, information is collated but not stored against your name***

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| THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM Please return to: **academicdevelopment@keele.ac.uk** |