

7 **ADDITIONAL LEARNING SUPPORT** required as a consequence of any condition stated in section 2.

Applicants for Health/Nursing related courses please enter NMC PIN number:

8 **PERSONAL STATEMENT** Health/Nursing CPD applicants see guidance booklet

9 **CRIMINAL CONVICTIONS:** Do you have any criminal convictions? See guidance notes YES NO

10 **DECLARATION:** I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I undertake to be bound by the University's terms and conditions and I give my consent to the processing of my data by the University. I accept that, if I do not fully comply with these requirements the University of Bolton shall have the right to cancel my application and I shall have no claim against the University of Bolton in relation thereto.

Please sign and return this form to:

Recruitment and Admissions, University of Bolton, Deane Road, Bolton BL3 5AB.

Applicant's Signature.....

Date.....

11 REFERENCE

Applicants for Teaching in Post Compulsory Education, MEd and BA Education please ask one of your referees, detailed in section 12, to supply a reference in this section of the form, and forward the completed application to us.

Applicants for Health and Nursing CPD courses do not complete this section, but move to section 12.

Applicants who are applying to study with one of our partner colleges must hand the completed form to the Centre Leader who is requested to confirm the applicants acceptance by signing below.

Name of referee / Centre Leader

Post / Occupation / Relationship

Name and address of school / college / organisation

Tel:

Fax:

email:

Name of applicant (block capitals or type) _____

Referee's / Centre Leader's Signature: _____

Date: _____

12 Only to be completed by applicants for teaching in Post Compulsory Education, MEd and BA Education courses, Nursing courses.
 (Please give as referees two persons who are able to speak of your academic work and experience in industry, commerce or public services)
 Health/Nursing CPD applicants see guidance booklet

1.	
email Address	
Tel No.	Fax No.

2.	
email Address	
Tel No.	Fax No.