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|  | **Please return completed form, alongside PDF copies of all required Evidence to:****dcpadmissions@abdn.ac.uk** |

# APPLICATION FOR DIPLOMA IN HIGHER EDUCATION IN DENTAL TECHNOLOGY

**Please read the guidance documentation provided before completing the Application Form. Please complete this form electronically.**

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| **Section 1 Personal Details (BLOCK Letters Please)** |
| Surname/Family Name |  |
| Forename 1 |  |
| Forename 2 |  |
| Forename 3 |  |
| Title: (Miss/Ms/Mrs/Mr/Dr) |  |
| Previous Name (if applicable) |  |
| Date of Birth |  |

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| Have you been a student at this University before? (tick) | Yes |  | No  |  |  |
| If yes, please give your Student Identification number, if known |  |  |  |  |
| If yes, most recent Aberdeen University programme |  |  |  |  |

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| **Section 2 HOME Address Details (BLOCK Letters Please)**)Contact Address (for correspondence) |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Address Line 4 |  |
| Postcode |  |
| Telephone Number | Home |  | Mobile |  |
| E-mail Address |  |  |  |  |
| Permanent Home Address (if different from above) |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Address Line 4 |  |
| Postcode |  |
| Telephone Number | Home |  | Mobile |  |
| E-mail Address |  |  |  |  |

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| **Section 3 Personal Details (continued - BLOCK Letters Please)** |
| Entry Category: Have you previously studied in UK Higher Education?  | Yes\* |  | No  |  |  |
| \* If yes, please enter HESA Student Identifier  |  |
| Student Registration Number for Vocational Qualifications or Scottish Candidate No. |  |
| Permanent Domicile – Country (if outwith UK) County/Town (if within UK) |  |
| Country of Birth |  |
| Nationality |  |

## Disabilities (Please tick the appropriate box)

No known Disability ***(If you tick this box please go to Residential Category****)*

In Receipt of SDA, has disability Not in Receipt of SDA, has disability

## Details *(Please tick the appropriate box)*

 Dyslexia Blind/Partially Sighted

 Deaf/Hearing Impairment Wheelchair User/Mobility Difficulties

 Personal Care Support Mental Health Difficulties

 Unseen Disabilities, e.g. Diabetes Multiple Disabilities

Autistic Spectrum Disorder or Asperger Syndrome

If you have a disability not listed above, please give brief details

If support is required as a consequence of the above, please give brief details

## Residential Category *(Please tick the appropriate box)*

UK/EU National, resident in the European Economic Area (EEA) and/or Switzerland for the last three years

UK/EU National, temporarily employed outwith the EEA

Non-EU National, exempt from Immigration Control and resident in UK for last 3 years

Non-EU National, with Refugee Status or Exceptional Leave to Remain

National of Norway, Iceland or Liechtenstein in the UK as Migrant Worker

None of the above

If not British or European Union National, date of most recent entry to the UK

**Criminal Conviction Information**

If you have a relevant criminal conviction, enter ***x*** in the box.

(See Instructions for Completion of Application Form)

Have you previously been refused admission to study, or continuation Yes No

of study, other than on academic grounds?

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| English Language Proficiency (please complete only if native language is not English) |
| IELTS Score:Test date: |  | TOEFL Score:Test date: |  | Cambridge Certificate of English:Test date: |  |
| Other (please give details of recent English Language Proficiency, including formal qualifications) |

##### EDUCATIONAL AND EMPLOYMENT HISTORY

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| **Section 4** **Current or Most Recent Educational Institution (BLOCK Letters Please)** |
| Name of Current or Most Recent Institution |  |
| Month and Year of Entry |  |
| Intended or Actual Month & Year of Leaving  |  |

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| Section 5 Educational and Other Relevant Qualifications for Admission (BLOCK Letters Please) |
| *Please list below, in chronological order, educational, professional and other relevant qualifications for entry including those you hope to obtain. List passes and fails, including (where applicable) results of courses taken at your current or most recent school or college.*  |
| Qualification Title, Subject and Level (e.g. Higher English, Standard Grade Maths, SVQ, BSc Biology) | Examining Board or University/College of Study (if not UK, please state which country) | Result or Grade | Date of Award or Anticipated Award (Month/Year) |
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| Section 6 (a) Employment History (BLOCK Letters Please) |
| Please enter periods of employment or research experience in chronological order, with most recent at the top |
| Date From(Month/Year) | Date To(Month/Year) | Employer (if not UK, please state which country) | Title & Description of Post(s) Held |
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| Section 6 (b) Employment Information (BLOCK Letters Please) |
| Please provide contact details for your current MHRA Registered Employer  |
| Current Employer |  |
| Employer Address |  |
| Line 2 |  |
| Line 3 |  |
| Line 4 |  |
| Post Code |  |
| Telephone |  | Email |  |
| Workplace Supervisor Details.Your Employer must appoint a workplace supervisor for you, for the duration of your time on the Programme (please provided details of your agreed workplace supervisor). **Please ensure your Employer reads the full section on Workplace supervisor requirements, before submitting your application.** |
| **First Name** | **Surname** | **GDC Number**  | **Contact Email** |
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| Section 7 Programme to which Application is being made (BLOCK Letters Please) |
| Type of Study |
| Proposed Programme and Department of study | Diploma of Higher Education in Dental Technology |
| Programme Code | 10B840TX |
| Intended date of entry (Month/Year) | September 2024 |
| Expected Duration of Programme in months | 36 |
| Proposed Mode of Study | Full Time |  | Part Time | X |  |
| Intended Source of Fees |  |
| Is your funding already guaranteed? | Yes |  | No  |  |  |

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| **Section 8 How did you hear about this Programme? *(Please tick the appropriate box)***  |
| 1. University Prospectus |  | 2. Internet |  | 3. Higher Education Convention or Fair |  |
| 4. British Council |  | 5. Your own School or Academic Department |  | 6. University Visit to your Institution |  |
| 7. Aberdeen International Officer |  | 8. Family/Friends |  | 9. Open Day |  |
| 10. Newspaper/Journal (please specify) |
| 11. Other (please specify) |

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| **Section 9 Referee Details (BLOCK Letters Please)** |
| This Section does not apply to SOCRATES applicantsApplicants must provide a referee (someone who can confirm your previous qualifications) to support your application and is able to assess whether University education is suitable for you. |
| Name |  |  |
| Occupation |  |  |
| Relationship to Applicant |  |  |
| Address Line 1 |  |  |
| Address Line 2 |  |  |
| Address Line 3 |  |  |
| Address Line 4 |  |  |
| Postcode |  |  |
| Telephone (with country & area code) |  |  |
| Email address (if applicable) |  |  |

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| Section 10 Personal StatementPlease enter below a personal statement written by yourself which could include details of your aptitude for study; details of any relevant practical experience, responsibilities, outside interests and reasons for wishing to study Dental Technology at the University of Aberdeen. *Please continue on a separate sheet if necessary.* |
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| Declaration |
| **I certify that the information given in this application is correct and complete. If I am admitted to the University I undertake to observe the University’s Regulations and to ensure payment of tuition fees and other financial liabilities to the University. I agree that the University of Aberdeen may process personal data contained in this form, or other data which the University may obtain from me or other people whilst I am an applicant and student, for any purposes connected with my application or for any other legitimate reason.** |
| **Signature of Applicant: Date:** |

**Thank you for completing this form. It should be returned to:** **dcpadmissions@abdn.ac.uk**

**Please email** **dcpadmissions@abdn.ac.uk** **with any queries or questions relating to the application form.**

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| **Applicant Ref No** (will be allocated by the University) | **Date Received** (entered by the University) |
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**ADDITIONAL STATISTICAL DATA QUESTIONNAIRE**

**The information on this page is required for statistical purposes only and will not be made available to staff considering the application for admission. Please tick the appropriate boxes.**

**Gender** MaleFemale

**Marital Status** Married SingleDivorced

**Ethnicity (Please tick the appropriate box)**

**White**

 British Irish Irish Traveller

 Scottish Welsh Other White Background

Are you a first generation student?YesNo

**Black or Black British**

 Caribbean African Other Black Background

**Asian or Asian British**

 Indian Pakistani Bangladeshi

 Chinese Other Asian Background

**Mixed**

 White & Black Caribbean White & Black African White & Asian

 Other Mixed Background

### **Other Ethnic Background**

###

#### Occupation

#### Most recent occupation of yourself,

or if entering at under age 21 (undergraduate)

or 25 (postgraduate) the person with the highest earnings in your household

**Category of the above occupation** ***(Please tick the appropriate box****)*

###  Higher Managerial & Lower Managerial & Intermediate

###  Professional Professional

###  Small Employer/Own L Lower Supervisory & Semi-Routine

###  Account Worker Technical

 Routine Never Worked/Long-term Not Classified

 Unemployed (Including Students)