DE MONTFORT UNIVERSITY LEICESTER

Application Form for Admission to Community Justice Learning Programmes

Please write clearly, with names and addresses in BLOCK CAPITALS

Applicant's details

Title Dr ☐ Miss ☐ Mrs ☐ Ms ☐ Mx ☐ Mr ☐ Other ☐

Surname: _____ **Other names:** _____

Date of birth: _____

Gender: Female ☐ Male ☐ Other ☐

Nationality _____

Home Address _____

Postcode _____

Telephone _____ **Mobile** _____

Email _____

Application

Which course(s) are you applying for?
You may choose to purchase a single course, or multiple courses, depending on your needs.

Level 4 Access Programme ☐

Diploma in Higher Education (DipHE) in Community Justice ☐

Masters in Community and Criminal Justice Leadership ☐

Crime & Criminal Behaviour ☐

Penal Policy and the Punishment of Offenders ☐

Rehabilitation of Offenders ☐

Criminal Justice System ☐

Funding

Which course(s) are you applying for?
You may choose to purchase a single course, or multiple courses, depending on your needs.

HM Prison & Probation Service ☐ **Self-funded** ☐

To whom should the invoice be sent (if other than applicant)?

Name _____

Address _____
_____

Education

Relevant qualifications since the age of 16

Institution attended	Examinations taken and qualifications obtained	Date started	Date completed	Grade

Experience

Please briefly describe your experiences of working with challenging behaviours

Supporting Statement

Please explain why you believe you should enter the Programme at the level applied for. For example, please explain how your previous qualifications meet any of the required knowledge modules.

Declaration

I declare that, to the best of my knowledge, the information I have given above is correct in every detail. If enrolled, I agree to abide by the regulations in force at the time.

Applicant's signature

Date

The completed application form should be submitted to admissions@dmu.ac.uk

Checklist for submission

Proof of sponsorship (if applicable) ☐   Transcripts of your academic qualifications ☐

MONITORING FORM

De Montfort University wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential, and be stored securely and limited to only some staff in DMU's Admissions Team

What is your ethnicity?

1. Asian or Asian British

Indian ☐

Pakistani ☐

Bangladeshi ☐

Chinese ☐

Any other Asian background ☐

2. Black or Black British

Caribbean ☐

African ☐

Any other Black background ☐

3. Other ethnic group

Arab ☐

Any other ethnic background ☐

4. Mixed/multiple ethnic groups

White and Black Caribbean ☐

White and Black African ☐

White and Asian ☐

Any other Mixed background ☐

5. White

British ☐

Irish ☐

Scottish ☐

Welsh ☐

Gypsy/Traveller ☐

Any other White background ☐

Prefer not to say ☐

What is your gender identity?

Female ☐

Transgender ☐

Male ☐

Non-binary ☐

What is your sexual orientation?

Asexual ☐

Gay ☐

Pansexual ☐

Prefer not to say ☐

Bisexual ☐

Lesbian ☐

Heterosexual ☐

Disability

You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. For the purposes of the Act, 'substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed; 'long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection

Do you consider yourself to have a disability or health condition?

Yes ☐　　　　No ☐　　　　Prefer not to say ☐

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with the Disability Advice and Support Team and your Personal Tutor.

What is your religion or belief?

Buddhist	☐	Christian	☐
Hindu	☐	Jewish	☐
Muslim	☐	Sikh	☐
No religion or belief	☐	Prefer not to say	☐
Other (Please specify)	☐		

Do you have any parental or caring responsibilities?

None	☐	Primary carer of a child/children	☐
Primary carer of a disabled child/children	☐	Primary carer of a disabled adult	☐
Primary carer of an older person	☐	Secondary carer (another person carries out the main caring role)	☐
		Prefer not to say	☐

Thank you for completing this form