Course Application Form

Accredited Courses in Teaching and Academic Practice in HE

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| **Application for:**[ ]  7010CRB (previously M01ODL)Introduction to Teaching & Learning in HE (20 credit module) *(for Assistant Lecturers, Research Assistants, Hourly-Paid Lecturers, etc. who do not have a substantial teaching role and responsibilities)*[ ]  PgCert in Academic Practice in Higher Education  | Accepted for (office use only):[ ]  7010CRB (previously M01ODL) Introduction to Teaching & Learning in HE (20 credit module) [ ]  PgCert in Academic Practice in Higher Education |

**Personal Details (please use your full name as it appears on your birth certificate or passport as this is how it will appear on awards and cannot be changed at a later date)**

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| --- | --- |
| Name (Last/Family Name) |  |
| Name (First Name) |  |
| Job Role (Job Title) |  |
| Title | [ ] Prof [ ] Dr [ ] Mr [ ] Mrs [ ] Ms [ ] Other |
| Gender |  |
| Employer | Coventry University [ ] Other [ ] Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| School & Faculty |  |
| Discipline/Subject Area: |  |
| What is your work status?  | Work Status: [ ] full-time, [ ] part-time, [ ] hourly-paid, [ ]  other (please state): |
| How long have you been employed at Coventry University Group? (CU Group only) | Years: Months:  |
| Staff ID (CU Group only) |  |
| Email Addresses: (Please provide CU Group staff email and personal email address)  | CU Group please use staff email:Personal email address:  |
| Have you previously been, or are you currently a student, at Coventry University?  | Yes [ ]  No [ ] If yes please provide details and student number if known: |

**Contact, Residency and Emergency Details**

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| Contact Telephone No | Office: Mobile: Home:Other: |
| Correspondence Address | Postcode: |
| Home Address (if different to correspondence address) |  |
| Date of Birth: DD/MM/YYYY |  |
| Nationality |  |
| Country of Permanent Residence |  |
| Residential Category (e.g. UK Citizen), please state below: | UK/EU CitizenTier 2 visaTier 4 visa |
| Emergency Details: *In case of an emergency who should we contact both within the University and in the UK?* | University Contact: Family / Friend Contact: Tele Number: Relationship To You:  |
| Emergency Contact Address: | Postcode:  |

**Experience of Teaching and/or Leading Learning:**

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| How long have you been practicing in Higher Education? | Years: Status: [ ] Full-time or [ ] Part-time |
| Do you have Module Leadership Responsibility? | [ ]  Yes [ ]  No*If yes, list all modules below (title and codes):* |
| Do you have Course Directorship Responsibility? | [ ]  Yes [ ]  No*If yes, list Course(s) below (title and codes):* |
| Professional Body Accreditation (including teaching and learning) |  |
| For Nursing and Midwifery Applicants only | Have you advised the NMC Route Leader (Kim Craig)[ ]  Yes [ ]  No |
| Do you have responsibility for teaching and/or supporting student learning? | [ ]  Yes [ ]  No If yes, list the modules/courses (code and title): |
| Do you have responsibility for the design and planning of learning activities and/or programmes of study?  | [ ]  Yes [ ]  No If yes, list the modules/courses (code and title):  |
| Do you have responsibility for assessing and giving feedback to learners? | [ ]  Yes [ ]  No If yes, list the modules/courses (code and title): |
| Academic Practice Commitments *(between start and the end of the course)* | What will your commitments be during your study period? Please state:Teaching level: UG [ ]  PG [ ]  Both [ ] Course Director…………………….. [ ] Module Leader…………………..…. [ ] Deliver Module teaching ….….. [ ] Designing teaching activities ... [ ] Assessment/feedback….………… [ ] Designing assessments …………. [ ] Research supervision ……………. [ ] Other ……………………………………. [ ] Please use space below to add detail |
| **Previous Teaching & Learning Roles** |
| **Institution** | **Job Role** | **Dates (From and To)** |
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# Existing Qualifications (include Teaching & Learning qualifications):

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| --- | --- |
| Highest Academic Qualification | Degree [ ] Masters [ ] Doctorate [ ]  |
| Institution | Qualification | Dates (From and To) |
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# What are your expectations from participating on this course?

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# Additional Support or Assistance:

Do you have a physical or sensory disability which may affect your studies or for which you may require additional support and assistance?

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| --- | --- | --- | --- |
| **A** | No disability | F | Mental health condition |
| B | Social/communication impairment | G | Specific learning disability |
| C | Blind or serious visual impairment | H | Physical impairment or mobility issues |
| D | Deaf or serious hearing impairment | I | A disability, or condition not listed here |
| E | Long standing illness/ health condition | J | Two or more impairments or disabling medical conditions |
| My Physical or Sensory Disability (if applicable): ……………. |
| Do you have any learning support requirements: | [ ]  Yes [ ]  No*If yes, please indicate the support you require and how we can help:* |

# Line Management Support:

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| Have you spoken with your Head of Department/Line Manager about attending this Course? | [ ]  Yes [ ]  No |
| Support Letter from Line Manager/HOD (Please use template provided on <https://acdev.orgdev.coventry.domains/accredited-courses/PgC-APHE> )  | Support Letter Attached: [ ]  Yes [ ]  NoIf no, when will this be provided?*Does the letter confirm that your current Job Role enables you to meet the assessment requirements and the support to be provided in the department/faculty to enable you to meet the assessment requirements and complete the course?* [ ]  Yes [ ]  No |
| Line Manager  | Name: Tele No: Email  |
| **SUB PROJECT CODE:** |  |

# Ethic Grouping:

[ ]  Asian or Asian British Indian

[ ]  Asian or Asian British Bangladeshi

[ ]  Asian or Asian British Pakistani

[ ]  Arab

[ ]  Black or British Black African

[ ]  Chinese

[ ]  Irish Traveller

[ ]  Mixed White or Asian

[ ]  White British English/Welsh/Scottish/Northern Irish

[ ]  Other White

[ ]  Other Mixed

[ ]  Other Asian

[ ]  Other

[ ]  Rather not say

# Declaration

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I understand that any offer of a place is made subject to my acceptance of the Rules and Regulations of Coventry University. I understand these instructions and I agree to abide by the conditions set out.

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| --- | --- |
| **Electronic Signature of Applicant** | **Date of signature** |

# Completing the Application Process and Continuing Professional Development

**Please ensure your application form is fully completed before returning to us, any missing information will result in a delay in processing your application.**

Please email the completed form, along with your support letter from your line manager to acdevunit@coventry.ac.uk.

If you have any questions regarding the application process or enquiries please email acdevunit@coventry.ac.uk or telephone 65 5111.

To find out more about the continuing professional development opportunities for academic staff at Coventry University please visit <https://acdev.coventry.domains/>

If you haven’t done so already, we would encourage you to book a place on the Academic Staff Induction workshop which is a bespoke provision offered to our academic staff in addition to the University Staff Induction. Further details can be found at <https://acdev.coventry.domains/professional-development/academic-induction>