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 Citizen  Tier 2 visa  Tier 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  No  If 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](mailto:acdevunit@coventry.ac.uk).

If you have any questions regarding the application process or enquiries please email [acdevunit@coventry.ac.uk](mailto: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>