



The University of Reading
School of Health and Social Care

Application for admission to a Short Programme within
the **School of Health and Social Care**

OFFICE USE ONLY

Date received:	
UG Number:	
Interview:	
Portfolio seen:	

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

TITLE OF PROGRAMME:			
[1] SURNAME:		[2] MAIDEN NAME:	
[3] FIRST NAMES:		[4] PIN No:	EXPIRY DATE:
[5] DATE OF BIRTH:		[6] NATIONALITY:	
[7] CONTACT : E-MAIL :		[8] PROPOSED YEAR OF ENTRY:	
[9] HOME ADDRESS:		[10] WORK ADDRESS:	
TELEPHONE No:		TELEPHONE No:	
[11] NAME AND ADDRESS OF TWO REFEREES: ONE SHOULD BE YOUR PRESENT EMPLOYER AND THE OTHER SHOULD BE ABLE TO COMMENT ON YOUR ACADEMIC ABILITY			
NAME: <u>YOU MAY NOT NEED THESE</u> ADDRESS:		NAME: ADDRESS:	
STATUS / POSITION:		STATUS / POSITION:	
SOURCE OF FUNDING: _____			
APPLICATION MADE: YES <input type="checkbox"/> NO <input type="checkbox"/> APPROVAL OBTAINED : YES <input type="checkbox"/> NO <input type="checkbox"/>			

[17] Please give a brief account of any factors you feel are relevant to support your application:-

Signature: _____ **Date:** _____

**This Application Form should be returned to:- Amanda Harvey ~ Course Secretary
School of Health and Social Care
THE UNIVERSITY OF READING
Bulmershe Court
Earley, Reading, Berkshire RG6 1HY**