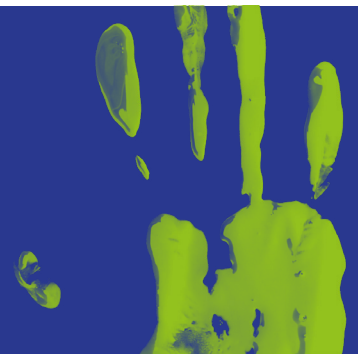




Foundation Degree (FdA) in Therapeutic Work with Children & Young People



Course Learner Application Form 2025 / 26

Please return your completed application form via email to Angela Brown at abrown@mulberrybush.org.uk

Please complete the form as fully as possible

Personal Details

Title:	<input type="text"/>	First Name(s):	<input type="text"/>
Last Name:	<input type="text"/>		
Previous Name if Changed:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>
Nationality:	<input type="text"/>		
Email:	<input type="text"/>		
Website:	<input type="text"/>		
Full Address:	<input type="text"/>		
Post Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>		

If you have any physical or learning disability, medical condition or special need, please provide details:

Are you registered as a Disabled Student? Yes: No:

Disability Discrimination Act – Under this Act people with disabilities are protected from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse effect on their ability to undertake normal day to day activities.

Language Skills

Language:

Level:

If English is NOT your first language, it is recommended that you complete an English Language test (www.takeielts.britishcouncil.org/prepare-test/free-practice-tests). The minimum score for IELTS is 6.5 and 600 for TOEFL (www.ielts.org / www.ets.org/toefl).

Tuition Fees

Who is funding the course?

Yourself

Your Employer – Full

Your Employer – Part

Other – please specify:

Are you planning on applying for Student Finance? Yes: No:

Previous Education and Academic History

Name of most recent college/university attended:

*Please include city
and country if not UK*

Course Dates:

From:

To:

Professional Qualifications

Please enclose a copy of your certificates. If not in English, please provide a copy and a translated version.

Examining/Awarding Body:

Subject:

Level:

Date of Completion:

Result:

Examining/Awarding Body:

Subject:

Level:

Date of Completion:

Result:

Examining/Awarding Body:

Subject:

Level:

Date of Completion:

Result:

Examining/Awarding Body:

Subject:

Level:

Date of Completion:

Result:

Professional Memberships
(Please provide details):

Further Skills/
Qualifications:

Employment Details

Please describe any other proficiency you have that may be relevant to your application. Please comment on your ability in using computers as part of your learning.

Dates (from/to):

Job Title:

Key Responsibilities:

Dates (from/to):

Job Title:

Key Responsibilities:

Dates (from/to):

Job Title:

Key Responsibilities:

Current employer's name and address:

Reflective Personal Statement

In no more than 500 words please provide a brief reflective statement outlining what attracts you to this course; why you are hoping to undertake this course and how undertaking this course will impact your practice. Please feel free to provide any additional information you feel supports your application. It is vital that you are working with children and/or young people for you to take part in the course.

Additional Information

Please write here any information which you would like considered in support of your application. For example, what do you hope to achieve by taking the programme, particular interests you have in your current studies or job, your career aspirations, other forms of evidence of achievement, such as Diploma of Achievement. Continue on a separate sheet if necessary.

Reference and Named Observer

Please provide detail of someone from your workplace who can provide a reference about your suitability for this course.

Title:

Name:

Telephone:

Email:

Named Observer:

Telephone:

Email:

I understand that the information provided by me on this form will be stored either on paper records or a computer system in accordance with the General Data Protection Regulations 2018 and will be processed solely in connection with recruitment onto the training programme.

Yes

If you would like us to retain your details for future communications about courses run by The Mulberry Bush Outreach, please tick the box below. Your details will be used solely for this purpose and will not be passed to any third party.

Yes

I confirm that all the above information is correct. I understand that if I have withheld or mis-stated any information, it may result in the rejection of my application.

Signed:

Date:

Place digital image of signature in the box using menu option 'Sign' > 'Fill & Sign' in Adobe Acrobat Reader