

LEEDS METROPOLITAN UNIVERSITY
APPLICATION FOR ADMISSION TO A RESEARCH AWARD

This form should be typewritten or word-processed

1: CANDIDATE DETAILS

TITLE: Mr/ Mrs/Ms/Miss (other please specify)		
SURNAME:	FIRST NAME(S):	
CONTACT ADDRESS:		
TELEPHONE NUMBER:	EMAIL:	
HOME:		
MOBILE:		
Home Address (If different from above):		
FAX NUMBER:	DATE OF BIRTH:	
NATIONALITY:	PASSPORT NUMBER:	
ARE YOU A MEMBER OF STAFF OF THIS UNIVERSITY: YES NO		

2: FOR CANDIDATES NOT BORN IN THE EUROPEAN UNION

DATE OF ENTRY TO THE UK:	
DATE OF MOST RECENT ENTRY TO THE UK	
DO YOU HAVE UNRESTRICTED RIGHT TO LIVE IN THE UK?	

3: WHICH RESEARCH AWARD DO YOU WISH TO APPLY FOR (tick one box as appropriate):

MASTER OF PHILOSOPHY (MPHIL) Duration: Full Time 18months; Part Time 24 months	MASTER OF RESEARCH (MRES) Duration: Full Time 12 months; Part Time 24 months
PROFESSIONAL RESEARCH DOCTORATE (DProf; EdD; DEng; DBA) Duration: Part Time only 36 months	DOCTOR OF PHILOSOPHY (PHD) Duration: Full Time 36 months; Part Time 60 months

4: MODE OF STUDY (tick one box as appropriate):

FULL TIME	PART TIME Minimum commitment of 12 hours of study per week. This may vary at different times during your programme of study.
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If you have contacted any member of staff in relation to your application, please say who

NAME	POSITION
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5: WHEN DO YOU WISH TO START YOUR RESEARCH AWARD? (Please note the deadlines for applications)

OCTOBER	FEBRUARY	JUNE
Deadline for applications end of JULY	Deadline for applications proceeding DECEMBER	Deadline for applications MARCH

6: QUALIFICATIONS (list graduate qualifications only)

You will normally be expected to have a good first degree (2:1) or masters and for professional doctorates, relevant professional experience (3 years practical experience in relevant field).

Educational qualifications:		
Institution	Award	Date

Please tick to confirm that you have included Certified copies of the qualifications detailed above.	
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Other relevant experience:
If you do not hold an undergraduate or postgraduate qualification please state the experience you have gained which you feel is relevant to your application.

Please tick to confirm that you have included evidence to support the experience detailed above.	
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Professional Research Doctorates only:
Please give details of appropriate professional experience. (This is normally understood to be at least 3 years practical experience in the relevant field of enquiry).

Please tick to confirm that you have included evidence to support the experience detailed above.	
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7: FOR OVERSEAS CANDIDATES ONLY¹

- The minimum entry requirements are as follows:
- Minimum IELTS 6.5 or equivalent is required for all Leeds Metropolitan University research degrees.
- A higher education degree in which English language or literature form a substantial part.

Please give details of your English language qualifications

¹ If you need to improve your English language proficiency, the University offers courses at different levels throughout the year. These include both general English and specialist courses, such as English for researchers.

Attendance of a two or four week pre-session English course, immediately before the start of the academic year in September may be a useful introduction to your studies at the University.

8: WHAT IS THE GENERAL AREA YOU WISH TO STUDY?

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Please provide a provisional title for your research study:

Please provide a short outline of the research to be undertaken using the headings below as a guide (up to 2 A4 pages only) This might include:-

1. Why do you want to do a research degree?
2. How will it benefit you both personally and professionally?
3. A short general statement which, in a couple of paragraphs, introduces the research topic or issue that you want to investigate and why you think it is important.
4. Method of enquiry: what approach do you intend to take to be able to do the study?
5. A short discussion of some published literature that demonstrates your familiarity with the topic and key researchers in the field. Try to make links between what is already known and what you want to find out.
6. An indication of how you think your research will contribute to knowledge and understanding in the field.

9: REFEREES

Please give the details of two referees:

Name:	Name:
Position:	Position:
Institution:	Institution
Address:	Address:
Telephone Number:	Telephone Number:
Email:	Email:

10: PAYMENT OF FEES

How will you be paying your fees? You will be required to pay on enrolment and annually thereafter for the duration of your study.

Self-funding:	Sponsor: e.g. your employer
	Details:

11: EMPLOYMENT DETAILS

Name:	
Address:	
Title of post:	
Start date:	

OTHER RELEVANT PREVIOUS EMPLOYMENT DETAILS

Name:	
Address:	
Title of post:	
Start date/end date:	

12. CRIMINAL CONVICTIONS

Do you have a relevant criminal conviction? (guidance for completion)	Yes	No
Please give details		

CRIMINAL CONVICTIONS: Guidance for completion

Please circle Yes or No depending if you have or have not got a relevant criminal conviction.

Relevant convictions are only those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974) are not considered relevant and you should not reveal them.

If you circle yes, you will not be automatically excluded from the application process, however we may ask you for more information. You should be aware that for courses in teaching, health, social work, veterinary medicine, veterinary science or course involving work with children or vulnerable adults, research awards of the University may also be covered by this, any criminal convictions, including sentences and cautions (including verbal cautions), reprimands, final warnings and bind-over orders are exempt from the Rehabilitation of Offenders Act 1974. If you are applying for these courses we will ask you to agree to have a criminal record check. If you are convicted of a relevant criminal offence after you have applied, you must tell Leeds Met. Do not send any details of the offence, simply state that you have a relevant criminal conviction; we may then ask you more details. If you are unsure after reading this information whether you have a relevant criminal conviction, please contact the Admissions Office.

This section of the form is designed to collect statistics so that the university can monitor the effectiveness of its equal opportunities policies.

13: ETHNIC ORIGIN

If you are from the UK please enter the code for the description which most closely matches your ethnic origin.

Asian or Asian British	Code	White	Code
Indian	31	British	11
Pakistani	32	Irish	12
Bangladesh	33	Other	19
Chinese	34	Other Asian background	39

Black/ Black British	Code	Mixed	Code
Caribbean	21	White/ Black African	42
African	22	White / Asian	43

Other black background	29	Other mixed	49
		Other ethnic	80

14: DISABILITY INFORMATION

The University is fully committed to the implementation of a policy to achieve equal opportunities for all students. In order that we can provide appropriate support for disabled students, it is important that any additional needs are outlined at the time of application.

Please enter in the box below, the code from the list, which is most appropriate to you. If you are not disabled or have no special needs or medical condition, use code 0.

- 0 None
- 1 You have dyslexia
- 2 You are blind or partially sighted
- 3 You are deaf or hard of hearing
- 4 You are a wheelchair user/have mobility difficulties
- 5 You need personal care or assistance
- 6 You have mental health difficulties
- 7 You have a disability which cannot be seen e.g. diabetes, epilepsy or a heart condition
- 8 You have two or more of the above
- 9 You have a disability, special need or medical condition that is not listed above

If you have entered code 1-9 in the box, please give details of any support you might need:

Applicants who indicate support needs may be invited to discuss these in further detail, if appropriate.

15: GENDER INFORMATION (please tick appropriate box)

MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
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16: AGE INFORMATION

20-29	<input type="checkbox"/>	30-39	<input type="checkbox"/>
40-49	<input type="checkbox"/>	50-59	<input type="checkbox"/>
Over 60	<input type="checkbox"/>		

17: MEDIA ANALYSIS

How did you hear about Leeds Metropolitan University? *Please tick appropriate box*

Telephone call	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Personal contact	<input type="checkbox"/>
Prospectus	<input type="checkbox"/>	Leeds Met Brochure	<input type="checkbox"/>	Alumni	<input type="checkbox"/>
Friends	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Undergraduate Directory	<input type="checkbox"/>
Prospects Directory	<input type="checkbox"/>	British Council	<input type="checkbox"/>	Recruitment fair	<input type="checkbox"/>
Other	<input type="checkbox"/>				

18: APPLICANT DECLARATION – please tick all boxes to confirm:

- I confirm that the information given on this form in any accompanying documents is true, complete and accurate.
- I have not omitted any information requested or other material information.
- I accept that, should this prove not to be the case, the University reserves the right to cancel my application and I shall have no claim against in relation thereto.
- I give consent to the processing of my data by Leeds Metropolitan University, the Higher Education Statistics Agency and any other organisation which has a statutory right to receive any of it.
- The University has a statutory duty to comply with the Data Protection Act 1998. The Act provides safeguards to individuals about the collection, use, storage and retention of personal information by the University.

Candidates Name:	
Candidates Signature:	
Date:	

PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO
The Executive Business School at contacts@ebsng.com
and submit the hard copy with accompanying documents to
The Executive Business School
2nd Floor NACCIMA House
8A Oba Akinjobi Way,
GRA- Ikeja, Lagos

COMMUNICATION TRACKING

Office use only

Date received	
Date sent to Director of Faculty Research	
Receipt of Applicant Decision Form	