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BIOTECH DISTANCE LEARNING APPLICATION

Please refer to accompanying **Guidance Notes**.

Please complete **ALL** sections in black or blue pen using CAPITAL LETTERS

Return form to:
Biotech Room 127
Stapledon Building
IBERS Gogerddan
Aberystwyth University
SY23 3EE UK

1: PERSONAL DETAILS AND CONTACT INFORMATION

SURNAME / FAMILY NAME:			
FIRST NAME / GIVEN NAME:			
FORMER NAME (WHERE APPLICABLE):			
TITLE (MR / MRS / MS ETC)	DATE OF BIRTH (DD/MM/YYYY)		
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CORRESPONDENCE ADDRESS (IF DIFFERENT):		
	FROM (DD/MM/YY):		TO ((DD/MM/YY):
PERMANENT ADDRESS:			
COUNTRY:	COUNTRY:		
POST / ZIP CODE:	POST / ZIP CODE:		
TELEPHONE:	TELEPHONE:		
MOBILE:	MOBILE:		
E-MAIL:	E-MAIL:		

2: NATIONALITY AND PERMANENT RESIDENCE

COUNTRY OF BIRTH:

NATIONALITY:

Have you resided in the UK/EU continuously, with the exception of vacations or periods of study since birth?
If **YES**, go to Section 3. Of **NO**, please state precisely where you have been resident during the last 10 year:

 Yes No
3: ENGLISH LANGUAGE PROFICIENCY

Is English your first language?

 Yes No If **YES**, go to Section 4.

Have you been awarded a degree (i.e. Bachelor's or Master's) from a majority English speaking Country e.g. UK.

 Yes No If **YES**, go to Section 4.

If **NO**, please provide us with evidence of IELTS or TOEFL results as proof of English proficiency. To embark on this course IELTS must be at **level 6.5** or equivalent. We also recognise other suitable qualifications, for more detail see <https://www.aber.ac.uk/en/postgrad/howtoapply/before-you-apply/english-language/>

 Evidence attached

If no evidence is attached please explain below how you intend to meet the University's requirements

4: PROPOSED STUDY AT ABERYSTWYTH UNIVERSITY OR BANGOR UNIVERSITY (SEE GUIDANCE NOTES)
 QUALIFICATION APPLIED FOR:
TICK AS APPROPRIATE

 Master's (MSc) Research Master's (MRes) or Doctorate
 Not intending to gain a qualification (NQPG)

FULL OR PART-TIME STUDY

 TO QUALIFY FOR A
POSTGRADUATE STUDY LOAN
YOU MUST APPLY FOR THE 3
YEAR OR FULL TIME ROUTE

 Part-time up to 5 years initial module _____

 Part-time up to 3 years initial module _____

 Full-time Please specify three modules for your first semester

Module 1 _____

Module 2 _____

Module 3 _____

Research Methods may be one of your three modules in either your 1st or 2nd semester.

DEPARTMENT:

Advanced Training Partnership (ATP)
Institute of Biological, Environmental and Rural Sciences (IBERS)

 PROPOSED START DATE:
(DD/MM/YY)

/
/
Proposed Research – if you are applying for an MRes or Doctorate please complete the section below:

Name of proposed research supervisor / person you have been in contact with (this can be a member of the ATP team):

TITLE (OR AREA) OF PROPOSED RESEARCH PROJECT:

5: FUNDING AND FINANCE

Please state below how you intend to finance your studies. You will be required to pay the fees in full before commencing the training.

INTENDED SOURCE / SOURCES OF FINANCE

<input type="checkbox"/> SELF-FINANCING	
<input type="checkbox"/> POST GRAD STUDY LOAN	NAME: <input type="text"/>
<input type="checkbox"/> EMPLOYER	NAME: <input type="text"/>
<input type="checkbox"/> OTHER (PLEASE SPECIFY)	NAME: <input type="text"/>

CURRENT EMPLOYER

COMPANY NAME:

ADDRESS:

COUNTRY:

POST/ZIP CODE:

TELEPHONE NUMBER:

E-MAIL:

6: YOUR QUALIFICATIONS (SEE GUIDANCE NOTES)

QUALIFICATIONS HELD:

INSTITUTIONS:	DEGREE / QUALIFICATION TITLE:	SUBJECT(S):	FINAL GRADE / MARK:	DATE OF AWARD:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

QUALIFICATIONS TO BE OBTAINED:

INSTITUTION:	DEGREE / QUALIFICATION TITLE:	SUBJECT(S):	FINAL GRADE / MARK:	EXPECTED DATE OF AWARD:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Non-graduate – please provide a CV detailing relevant work experience in a relevant industry.

7: PERSONAL STATEMENT

Please attach a separate sheet giving details of any information, including relevant employment or professional experience, which may be important to your application.

8: REFERENCES

Give the details of your referees below.

See **Guidance Notes** for how many references are required for specific applications and the type of information that is required from your referee. Applications will not be processed until references have been received.

NAME:	NAME:
ADDRESS:	ADDRESS:
COUNTRY:	COUNTRY:
Post/ZIP CODE:	Post/ZIP CODE:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
E-MAIL:	E-MAIL:

9: DISABILITY / MEDICAL CONDITIONS / ADDITIONAL REQUIREMENTS

Do you have a disability / special needs? Yes No

If YES, please refer to the list of conditions in the **Guidance Notes** and enter the code here:

Please give further details:

10: CRIMINAL CONVICTIONS (See Guidance Notes)

If you have any relevant criminal convictions that are not spent please tick the box, otherwise leave it blank.

If you tick the box you will **not** automatically be excluded from the application process

11: HOW DID YOU FIND OUT ABOUT THIS OPPORTUNITY FOR POSTGRADUATE STUDY?

<input type="checkbox"/> AGRICULTURAL EVENT/SHOW	NAME:	
<input type="checkbox"/> ADVERTISEMENT	PUBLICATION NAME:	
<input type="checkbox"/> WEBSITE	NAME:	
<input type="checkbox"/> SEARCH ENGINE	NAME:	
<input type="checkbox"/> FRIEND / <input type="checkbox"/> FAMILY / <input type="checkbox"/> COLLEAGUE	HAS THIS PERSON ATTENDED ABERYSTWYTH UNIVERSITY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> UNIVERSITY LECTURER / STAFF	<input type="checkbox"/> FROM ABERYSTWYTH UNIVERSITY	<input type="checkbox"/> FROM ANOTHER UNIVERSITY

12: IT COMPETENCY

IBERS DISTANCE LEARNING is delivered entirely online. Candidates need to be competent in the use of websites, search engines, email, online forms, Microsoft Office software, pdfs and ebooks.

Please tick here if you meet this competency If not, please contact the ATP office by phone or email to discuss.

Tel: +44 (0)1970 823224

Email: atp-enquiries@aber.ac.uk

13: SUPPORTING DOCUMENTATION CHECK LIST

PLEASE CONFIRM THAT THE FOLLOWING IS COMPLETE AND/OR ENCLOSED

All sections of this application form, in full

Copy of your degree certificate

Copy of your degree transcript

Personal Statement

IELTS Certificate (if required)

References requested

14: DECLARATION

I consent for Aberystwyth University and Bangor University to use and share my personal data, some of it sensitive, in order to fulfil their administrative obligations and in order that my application and marks may be processed. *[See www.aber.ac.uk/en/infocompliance/dp/declaration/ for further details.]*

In the event that I register as a student of either Aberystwyth University or Bangor University, I hereby undertake to pay, as and when due, all due fees to the relevant university/universities.

I hereby certify that all of the above information is correct and complete, and I wish to apply for admission as a student on the ATP programme. I also declare that, if admitted I shall conform to all the relevant Rules and Regulations of both Aberystwyth University and Bangor University. I understand that the submission of any misleading information during the admission process could lead to the immediate cancellation of my application and the withdrawal of any offer made.

Signature of Applicant: Date:

All personal data provided by you will be treated strictly in accordance with the Data Protection Act 1998.

This form should be completed and returned to:

**Ind Biotech Room 127 Stapledon Building IBERS Gogerddan Campus
Aberystwyth University Ceredigion SY23 3EE United Kingdom**

Tel: +44 (0)1970 823224

Email: atp-enquiries@aber.ac.uk