

**Registration Form for
Professional Development 2015/2016**

If you have studied at Edge Hill before, please state your Student ID Number:

--	--	--	--	--	--	--	--

*Partner Code: **29**

*Partner Name: **EVERY CHILD COUNTS**
(*for office use only)

Please complete this registration form in full. The information marked with * is the minimum mandatory information required by the University. We will need to contact you if you do not provide this information. If you need any assistance with completing this form, please contact us using the details below. Thank you.

1. Personal Details

*Surname:		*Title (<i>Mr, Mrs, Miss, Ms, etc</i>):
*First Names:		Previous Surname (<i>if applicable</i>):
*Gender:	*Date of Birth:	*Nationality:
*Home Address:		
*Postcode:		*Country of Permanent Residence:
Home telephone:		Mobile:
Email:		

2. Award and Module Details

*Please select **one** option below:

UNDERGRADUATE - *Module Code: ECC 1000 Supporting **Mathematics** Learning through Every Child Counts

UNDERGRADUATE - *Module Code: ECC 1001 Supporting **Literacy** Learning through Every Child Counts

3. Employment

Occupation: _____ *Employer: _____ *Employer's address: _____ _____ _____ Postcode: _____ Employer's telephone number: _____ If teaching, please state age range: _____	Type of school/setting (<i>please tick as appropriate</i>): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Early Years <input type="checkbox"/> Special <input type="checkbox"/> Pupil Referral Unit <input type="checkbox"/> Secure Unit <input type="checkbox"/> Other Number of years teaching experience: _____
---	---

<p>Signature to verify that the employer has agreed to support this training</p> <p>*Signature: _____</p> <p>*Date: _____</p>	<p>* Please confirm who your Local Authority is in the space below</p>
--	---

4. Study Background

***Do you hold Qualified Teacher Status?** Yes No If yes, please state your DCSF/ GTC number: _____

Have you previously studied a higher education course (ie above A level) in the UK for at least 6 months? Yes No

***Please state your highest current qualification:** _____

Examples: GCSE, NVQ 2, NVQ 3, A level, Foundation Degree

Postgraduate examples: BA, BSc, PGCE, PhD

5. Equal Opportunities Monitoring Data

Edge Hill University uses this information to monitor our equal opportunities and widening participation policies. This information is used solely for statistical purposes. **If you prefer not to provide this information, please tick 'Decline information'.**

5a. Disability

Do you have a disability? Yes No Decline information

Are you in receipt of Student Disability Allowance? Yes No Decline information

What is the nature of your disability? _____

5b. Ethnic Group

Please choose from the terms printed here the one which you feel most nearly describes your ethnic origin:

10. White, Black or British

21. Caribbean

22. African

29. Other

Asian or Asian British

31. Indian

32. Pakistani

33. Bangladeshi

34. Chinese

39. Other Asian background

Mixed

41. White/Black Caribbean

42. White/Black African

43. White Asian

49. Other Mixed background

80. Other Ethnic background

98. Decline Information

6. Fees

Please pay online:

Mathematics: <http://ehu.ac.uk/mathsecc>

Literacy: <http://ehu.ac.uk/literacyecc>

Both payment and this completed form are required for your registration.

7. Declaration



I confirm that the information given on this form is accurate and complete and no information requested or other significant information has been omitted. I understand that this information is subject to the provisions of the *Data Protection Act 1998*.

***Signature:** _____

***Date:** _____

For office use only

Edge Hill Staff Signature: _____ Date: _____

Entered on SID: _____ Date: _____

Please return your form to:

Post: Every Child Counts, Edge Hill University, Woodlands Centre, Southport Road, Chorley, PR7 1QR

Email: ecc@edgehill.ac.uk

Contact: 01257 517190