# POSTGRADUATE CERTIFICATE IN ACADEMIC AND CLINICAL EDUCATION APPLICATION FORM

**Thank you for your interest in the UCO’S Postgraduate Certificate in Academic and Clinical Education (PGCert ACE) course. Please complete all 12 sections of the application form and return it to admissions@uco.ac.uk**

**Course entry requirements**

* Recognised qualification with the appropriate professional, statutory and regulatory body in osteopathy, chiropractic, or physiotherapy. For international and European Union students from non-regulated countries, a qualification in osteopathy, chiropractic, or physiotherapy is required.
* Involvement in teaching osteopathy, chiropractic, or physiotherapy at pre-registration or postgraduate level; minimum of 20 hours per academic year.

**Section 1 – Personal Details**

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| --- |
| **Title Dr/Mr/Ms/Mrs/Miss** |
| **Surname** |
| **Previous surname** |
| **Personal name** |
| **Home Address**  **Postcode** |
| **Email** |
| **Telephone** |
| **Mobile** |
| **Date of birth** |
| **Gender** |
| **Nationality** |

**Section 2 – Osteopathic / professional healthcare employment**

Use this section to provide details of any employment in a clinical capacity.

**Present employer or details of self-employment**

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| --- |
| **Employer** |
| **Start date** |
| **Address**  **Postcode** |

**Former employment or details of self-employment**

|  |  |
| --- | --- |
| **Employer** | |
| **Start date** | **End date** |
| **Address**  **Postcode** | |

|  |  |
| --- | --- |
| **Employer** | |
| **Start date** | **End date** |
| **Address**  **Postcode** | |

Please continue on an additional sheet if necessary.

**Section 3 – Teaching / academic employment**

Use this section to provide details of any employment in a teaching or academic capacity.

**Present employer**

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| **Employer** |
| **Subject taught** |
| **Start date** |
| **Number of teaching hours/year:** |
| **Address**  **Postcode** |

**Additional employer / previous employment (please delete as appropriate)**

|  |  |
| --- | --- |
| **Employer** | |
| **Subject taught** | |
| **Start date** | **End date** |
| **Number of teaching hours/year:** | |
| **Address**  **Postcode** | |

**Additional employer / previous employment (please delete as appropriate)**

|  |  |
| --- | --- |
| **Employer** | |
| **Subject taught** | |
| **Start date** | **End date** |
| **Number of teaching hours/year:** | |
| **Address**  **Postcode** | |

**Additional employer / previous employment (please delete as appropriate)**

|  |  |
| --- | --- |
| **Employer** | |
| **Subject taught** | |
| **Start date** | **End date** |
| **Number of teaching hours/year:** | |
| **Address**  **Postcode** | |

Please continue on an additional sheet if necessary.

**Section 4 – Osteopathic / healthcare training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Awarding Body** | **Award (e.g. BSc, BOst, etc.)** | **Class (e.g. 2:1)** | **Year** |
|  |  |  |  |  |
|  |  |  |  |  |
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**Section 5 – Other academic awards**

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| --- | --- | --- | --- | --- |
| **Institution** | **Subject** | **Award (e.g. BSc, BOst, etc.)** | **Class (if relevant))** | **Year** |
|  |  |  |  |  |
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If it is not obvious from the table above, please outline your masters-level experience and teaching experience below, using an additional sheet if necessary.

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**Section 6 – Research and teaching interests**

Please provide information on your research and teaching interests below.

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**Section 7 – Voluntary teaching experience**

Please indicate if you would require the UCO to provide you with an opportunity to gain voluntary teaching experience.

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**Section 8 – References**

Please provide details of two referees who you would be happy for us to contact regarding your application.

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| --- | --- |
| **Referee 1 (Academic)** | **Referee 2 (Professional)** |
| **Name** | **Name** |
| **Address**  **Postcode** | **Address**  **Postcode** |
| **Telephone** | **Telephone** |
| **Email** | **Email** |

**Section 9 – Additional information**

Please provide any additional information which you feel may be relevant to your application and has not been included above. Continue on a separate sheet if necessary.

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**Section 10 – Disabilities**

Do you have any physical or sensory disability which may affect your studies, or may require special facilities or treatment? (Please circle)

**Yes / No**

If yes, please provide details below.

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**Section 12 – Declaration**

**I confirm that all the information provided above is correct, and agree to the British School of Osteopathy and The University of Bedfordshire processing personal data contained in this form, or other data which they may obtain from me or other people or organisations, for any purpose connected with my studies, or my health and safety whilst on the premises of the UCO.**

|  |  |
| --- | --- |
| **Signature** | **Date** |

Please return this form and all necessary documents to:

Admissions

University College of Osteopathy

275 Borough High Street

London

SE1 1JE

[admissions@uco.ac.uk](mailto:admissions@uco.ac.uk)