

**Registration form for Continuing Professional Development**

* **Return by email to:** [**SocStatDemo.StudentOffice@soton.ac.uk**](mailto:SocStatDemo.StudentOffice@soton.ac.uk)

**1. Personal Details**

Application Reference Number (Office use only)

Title (Mr/Mrs/Mx/Miss/Ms/Dr)

Surname or family name

Forenames in full

Gender

Male  Female  Prefer not to disclose Date of Birth

|  |  |
| --- | --- |
| **Postal address** | **Home address** (if different) |
|  |  |
| Postcode | Postcode |
| Valid from            to |  |

E-mail

Telephone                 Mobile

Nationality (if dual give both)                 Country of birth

Country of permanent residence

**2. Proposed programme of study**

Please give the module(s) which you are applying for (in order of preference)

1. STAT      4. STAT

2. STAT      5. GLHE

3. STAT      6. DEMO

**Please tell us if you would like to be assessed for the module(s):**

Yes, I would like to take assessment  No, I would like to audit the module (no assessment)

**3. Additional needs**

Please tick the relevant box if you have any of the following disabilities / medical conditions which might require special arrangements or facilities

0  No disability 1  Learning difficulty (e.g. dyslexia)

2  Blind / partially sighted 3  Deaf / hearing impaired

4  Wheelchair user/mobility difficulties 5  Autistic spectrum disorder

6  Mental health difficulties 7  Unseen disability e.g. diabetes

8  Multiple Disabilities 9  Disability / medical condition not listed above

10  Temporary disability Are you registered disabled?  Yes  No

**4. Educational qualifications**

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| --- | --- | --- | --- |
| **School/College** | **Qualification** | **Grade/Result** | **Date Awarded** |
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**5. Higher education**

Please provide details of your academic qualifications. Please note that your current or most recent qualification should be detailed first.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Institution** | **Title of Qualification** | **Main Subjects Studied** | **Attendance**  **(from–to)** | **GPA/Degree Classification** | **Language of Instruction** | **Country of Study** |
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**7. Criminal convictions**

If you have a relevant criminal conviction, enter X in the box

Please see guidance notes for a definition of relevant criminal convictions.

**8. Course payment**

Please complete Section 8a, 8b, or 8c.

**a. ONS staff - Payment authorisation -** (to be completed by authorising officer)

Output code:  Expenditure code: C01

Cost centre:

Address for invoice:

Purchase/order no: (please note applications must contain this number)

Please complete a Request to Purchase form for the course(s) chosen, quoting contract reference number NT-0362/03, and send to your Devolved Purchasing Officer (DPO). The University of Southampton will invoice ONS attendees directly for fees incurred. Upon receipt of both the University of Southampton invoice and the Goods Received form from the Procurement section (indicating that the commitment has been entered on to the Chameleon accounting system) please authorise payment and forward to Accounts Payable in Titchfield.

**b. Other UK Government staff**

The following payment authorisation should be completed by the appropriate budget holder.

I confirm that the fee of £800 for each module chosen will be paid by my department/divisional budget.

Name:  Job title:

Signature:

Address: Invoice address:

Telephone:

Purchase/order no:

**c. Students not working for the UK Government**

Please select one of the following options:

1. Payment by cheque made payable to ‘University of Southampton’

2. Send invoice to:

Reference/order no:

3. Payment by credit/Debit card: Please contact our Income department on 02380 594 706

**\*** Quote the Agresso code: - 5003951017270 as the reference

**\*** State amount to be paid & say it is for a Moffstat/Data Analytics in Government course.

Please note that payments made by MasterCard or Visa will be subject to an additional 1.5% fee. Maestro or Delta cards incur a 26p fee.

**9. Declaration (***unsigned or unticked application forms cannot be processed)*

By submitting this application form:

I declare that the information I have provided is accurate and no material information has been omitted. Any work submitted in support of this application is entirely my own. I consent to the University processing my application. I agree to abide by the University’s rules and regulations if accepted onto a course.

If submitting by e-mail please tick this box to agree with this statement:

If submitting by post please sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

**10. Checklist**

Please check that you have:

Completed all relevant sections of this form

Completed section 7 relating to criminal convictions

Signed or ticked the box in Section 9

You will receive confirmation of your place. Approximately two weeks before the course is due to start please see: www.southampton.ac.uk/socstats for course details, location and timetable.

Sessions taking place on campus will be held at the following location:

Social Statistics Research Centre,

Building 39,

University of Southampton,

Highfield, Southampton, SO17 1BJ.