**Public Health Degree Apprenticeship Application Form**

Please ensure all areas are completed in full, applications will be returned and not processed if incomplete.

\*Please note this programme is subject to University approval

All applications should be returned to the Corporate and Professional Education team apprenticeships@sunderland.ac.uk.

# Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Title Mr/Mrs/Miss/Ms/Other (please specify) |  | Forename(s) |  |
| Sex IdentifierMale/Female/other(please specify) |  | Surname |  |
| DOB (dd/mm/yy) |  | Number of years living in the UK |  |
| Home Address |  |
| Email Address |  | Tel no. |  |
| Ethnicity |  | Nationality |  |
| Do you consider yourself to beDisabled? Yes/No |  | Do you have any special support needs as a result of this? |  |
| Passport/ID Number |  |

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| --- | --- | --- | --- |
| Level 2 or equivalent English Qualification(Please state Year achieved) |  | Level 2 or equivalent Maths/Numeracy Qualification(Please state Year achieved) |  |

If English is not your first language, please can you confirm if you have IELTS score of 7 in over all 4 areas.

Yes No N/A

**Highest/Previous Qualification**

Please note you will need to supply evidence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course/Qualification** | **Institution** | **Result and Level of Study** | **From month/year** | **Until month/year** |
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Have you ever studied Public Health previously? If so, please give more details.

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### **Your employment background / work experience**

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| --- | --- | --- | --- | --- |
| **Job Title** | **Main Responsibilities** | **Full/part time** | **From month/year** | **Until month/year** |
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**Application Questions**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **In order for us to assess your suitability to undertake an apprenticeship, we need to be able to ascertain your current skills, knowledge and behaviours and also to ensure this is the best apprenticeship for you. Please note these questions will be marked against the following criteria;**

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| --- | --- | --- | --- | --- |
| **0** | **1** | **2** | **3** | **4** |
| **No evidence** | **More than half are development areas** | **Equal balance of good and development areas**  | **More positive demonstration than development indicators**  | **Excellent positive indicators – no development areas**  |

1. Describe 2 or 3 key values and attributes that you believe are important to a public health practitioner and how you have demonstrated these values and attributes in your current role? (Limit 100 words)
2. Public health is a challenging and yet rewarding career, please detail why you chose this as a career. (Limit 100 words)
3. This is a degree level Apprenticeship which will include elements of research, academic study and academic challenge, please describe how you will manage this aspect. (Limit 100 words)
4. In a maximum of 250 words please details what the main challenges of public health are, using a minimum of 3 references to support your writing and understanding**.**
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**Current Workplace details**

|  |  |
| --- | --- |
| Current Employer Name |  |
| Job Role |  |
| Contact Number |  |
| Workplace Address (inc. postcode) |  |
| Contracted Working hours  |  |

**Criminal Convictions**

You are required to state whether or not you have any criminal convictions. This **excludes** motoring offences for which a fine and/or up to three penalty points were imposed. Please tick either the 'Yes' or 'No' box, you will also be required to provide details of any convictions.
If you have been convicted of a criminal offence (**excluding** (a) a motoring offence for which a fine and/or a maximum of three penalty points were imposed or (b) spent sentences), you are required to declare this by completing the YES box. If you have not been convicted of a criminal offence you must complete the NO box.
You should be aware that for certain programmes particularly related to Teaching, Health and Social Work, any criminal convictions, including spent sentences and cautions, must be declared. If you are in any doubt, you should contact the admissions department for further advice.

Do you have a criminal conviction? Yes No

Please note if you are invited to interview you will be asked to complete a professional suitability self-declaration form.

**Funding**

Please can you confirm if you are currently enrolled on any other apprenticeship or in receipt of any other funding from the DfE.

Yes No

If yes please provide details –

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**Student Declaration**

I confirm that to the best of my knowledge, the information given in this form is correct and complete.

The University is registered under the Data Protection Act 1998 and information given on this form will only be used in accordance with the terms of the University's registration.

Please sign below to confirm the information given is correct and you have understood and agree with this declaration

|  |  |  |
| --- | --- | --- |
| Signed |  |  Date |

**Case study Question**

**University of Sunderland**

**BA (Hons) Public Health (Integrated Degree Apprenticeship)**

**Academic Entry Requirements: Exceptional Practice Experience**

Applicants to the **Public Health Degree Apprenticeship Programme** who have below 120 UCAS points (or equivalent) will need to have a minimum of 80 UCAS points (or equivalent) and provide evidence of exceptional practice experience.

Exceptional practice experience will be evidenced by means of a 1500- word written account of the applicant’s own practice (verified by their employer), which will also be discussed at interview.

*Task:* *Examine your personal and career development during your time working in a Public Health setting. You should illustrate this with an example of a piece of work you have completed which demonstrates your understanding of public health.*

It is suggested that you use the following structure:

* Introduction – your work setting and role (100 words approx.)
* An overview of how you have developed both personally and in terms of your career whilst working in Public Heath (300 words approx.)
* A brief description of your chosen practice example – please make sure that any personal details are anonymised and that you keep description to a minimum (200 words approx.)
* An explanation of the skills you used to work effectively in this situation – this should be your main focus (750 words approx.)
* A brief conclusion, summarising your discussion (150 words approx.)

Your work should be typed in Arial 11 font or similar and double spaced. It must be your own independent work and will be checked at the University via Turnitin anti-plagiarism software.

The word limit is 1500 words maximum. Work which is longer than 1500 words will only be assessed up to the word limit.

Your work must be verified by your employer (Appendix 2) and will be assessed against the following criteria:

* Ability to address the requirements of the assessment task coherently and comprehensively
* Knowledge of necessary frameworks, policies and practices
* Clear attempt to organise and structure arguments and ideas
* Confident explanation of ideas and themes
* Well written with acceptable spelling and grammar and a readable style and format

For full assessment criteria (Level 3) please see: [https://my.sunderland.ac.uk/display/AQH/Assessment+Policy?preview=/105484817/105583321/Level%203%20and%20Level%204%20Generic%20Assessment%20Criteria%20v2.pdf](https://my.sunderland.ac.uk/display/AQH/Assessment%2BPolicy?preview=/105484817/105583321/Level%203%20and%20Level%204%20Generic%20Assessment%20Criteria%20v2.pdf)

**Appendix 2**

**University of Sunderland**

**BA (Hons) Public Health (Integrated Degree Apprenticeship)**

**Academic Entry Requirements: Exceptional Practice Experience**

**Employer Verification**

For applicants completing the 1500 words ‘Exceptional Practice Experience’ task, this form must be completed, signed and submitted with your application form.

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| --- | --- |
| **Name of Applicant:** |  |
| **Name of Employer:** |  |
| I verify that the practice described by the above-named applicant in their account of Exceptional Practice Experience is their own work  |
| **Additional comments (if applicable):** |  |
| **Signed:** |  |
| **Date:** |  |

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| --- |
| **Verifier Details:** |
| **Name:** |  |
| **Job Role:** |  |
| **Contact telephone number:** |  |
| **Email address:** |  |