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| MASTERS DEGREE APPLICATION FORM 2022 |  |
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| All completed forms should be returned to: Registry Department, Hereford College of Arts, Folly Lane, Hereford, HR1 1LT; scanned and emailed to registry@hca.ac.uk or handed in at the Folly Lane Reception. If you have any queries or difficulties when completing this form please contact the Registry Office on 01432 273359 or email registry@hca.ac.uk. **All correspondence with regards to this application will be sent by email.** Please ensure that your email address is correct and you inform the Registry Department if any of your personal details on this form change. |
| PERSONAL DETAILS |
| Legal Forename |  | Legal Surname |  | Preferred Name |  |
| Pronoun | He/Him |[ ]  She/Her |[ ]  Them/They |[ ]  Legal Sex | Male |[ ]  Female |[ ]
| Address |  |
|  |  |
| Postcode |  | Date of Birth |  |
| Telephone |  | Mobile number |  |
| Email address |  |
| **Correspondence with regards to this application will be sent to your email address, please ensure it is correct** |
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| COURSE APPLIED FOR(please tick relevant boxes) |
| Level Of Study | MA Contemporary Crafts |[ ]  MA Curating |[ ]
|  | MA Fine Art |[ ]  MA Photography |[ ]



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| ETHNICITY – For Statistical Purposes Only |
| English/Welsh/Scottish/Northern Irish/British |[ ]  Irish |[ ]  Gypsy or Irish Traveller |[ ]
| Any other White background |[ ]  White and Black Caribbean |[ ]  White and Black African |[ ]
| White and Asian |[ ]  Any other Mixed/multiple ethnic background |[ ]  Indian |[ ]
| Pakistani |[ ]  Bangladeshi |[ ]  Chinese |[ ]
| Any other Asian background |[ ]  African |[ ]  Caribbean |[ ]
| Any other Black/African/Caribbean background |[ ]   Arab |[ ]  Any other ethnic group |[ ]
| Country of Domicile |  | Nationality |  |
| Have you been resident in the UK for the last three years, prior to the start of your course? | YES |[ ]  NO |[ ]
| If you are an EU National or Overseas student, please confirm if you have one of the following | Pre-settled Status |[ ]  Settled Status |[ ]  Student Visa |[ ]
| Is English your first language? | YES |[ ]  NO |[ ]  If no, please state first language |  |

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| EDUCATION & PROFESSIONAL QUALIFICATIONS |
| Please ensure details of your highest qualification are listed first: |
| Name & address of establishment (University/College etc) | From | To | Qualification/Title | Class of award/Grade |
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| **Other relevant qualifications & experience**Please give details of any other qualifications, short courses attended that are relevant to your application: |



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| EMPLOYMENT |
| Employer & Job Title | Responsibilities | Dates – From & To |
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| WORK EXPERIENCE |
| Organisation | Responsibilities | Dates – From & To |
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| DISABILITIES AND/OR HEALTH PROBLEMS AND/OR LEARNING DIFFICULTIES |
| If you consider yourself to have a disability and/or health problem and/or learning difficulty, please ensure that we know your requirements so that we can make all reasonable adjustments to help you succeed. The College is required to monitor the extent and effect of disabilities, health problems and/or learning difficulties. |
| Health Problem and/or Disability |
| **No disability/health problem** |[ ]  Allergies (please give details below) |[ ]
| Visual impairment (not corrected by contact lenses/glasses) |[ ]  Asthma |[ ]
| Colour blindness |[ ]  Back, joint or bone conditions (please give details below) |[ ]
| Hearing impairment |[ ]  Diabetes |[ ]
| Disability affecting mobility (please give details below) |[ ]  Epilepsy or other fits |[ ]
| Other physical disability (please give details below) |[ ]  Heart Disease |[ ]
| Mental health difficulty (please give details below) |[ ]  Myalgic Encephalopathy (M.E) |[ ]
| Depression |[ ]  Temporary disability after illness or accident |[ ]
| Social & emotional difficulties (please give details below) |[ ]  Profound/complex disabilities (please give details below) |[ ]
| Asperger's syndrome |[ ]  Other (please give details below) |[ ]
| Learning Difficulties |
| **No learning difficulties** |[ ]   |  |
| Moderate learning difficulties |[ ]  Other specific learning difficulties (please give details below) |[ ]
| Severe learning difficulties |[ ]  Speech, language and communication needs |[ ]
| Dyslexia |[ ]  Autism spectrum disorder |[ ]
| Dyscalculia |[ ]  Other (please give details below) |[ ]
| Are you currently taking any medication or receiving medical treatment? | YES |[ ]  NO |[ ]
| Please give further details of disabilities and/or health problems and/or learning difficulties and medication: |
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| REFERENCES |
| Please give details of two referees who have known your work professionally or academically. **PLEASE NOTE: it is your responsibility to arrange for your first referee to complete the enclosed reference form (back page of this form) and return it to the Registry Department, Hereford College of Arts. We will contact your second referee if necessary.** |
|  | Referee One | Referee Two |
| Name |  |  |
| Position |  |  |
| Organisation |  |  |
| Address & Postcode |  |  |
| Telephone |  |  |
| Email |  |  |
| Relationship to you |  |  |
| STUDY PROPOSAL |
| **Details of Proposal:** Please provide a written statement of approximately 500 words, describing your current creative practice and the study proposal you intend to pursue if accepted onto the course. Describe how you think you will develop a self-directed programme of practice and related research. Please continue on a separate sheet if you require more space.**Study Proposal: Starting points*** What ideas, themes and processes have you been interested in to date within your practice?
* What do you want to explore, develop and achieve on the MA (you may have a particular focus or direction in mind or a research issue, theme, idea, process, skills etc that you want to study…
* Are there key artists, designers, makers, genres, movements, ideologies, theories that act as reference points to your work or thinking?

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| DECLARATION – Hereford College Of Arts |
| I certify that the information I have provided is correct. I agree to Hereford College of Arts using the personal data contained on this form or any other data obtained from me or other people for any purpose connected with my studies; health & safety, and for any other legitimate purpose or legal requirement under the General Data Protection Regulation (Regulation (EU) 2016/679) and the Data Protection Act 2018 |
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| Signature (applicant) | Date |
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| HE APPLICANT CHARACTER REFERENCE FORM |  |
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| An applicant character reference form is required for all applicants over the age of 21 who wish to make an application to the College. The form should be completed by someone who has known you for a minimum of two years and is not a relation. If you are currently at College/University you should supply an academic reference. All completed applicant reference forms should be returned to: Registry Department, Hereford College of Arts, Folly Lane, Hereford, HR1 1LT or emailed to registry@hca.ac.uk.If you require any assistance in completing the form, please contact the Registry Department on 01432 273359, alternatively please email registry@hca.ac.uk |
| Full name of the applicant  |  |
| Course Applied for  | Choose an item. |
| I can confirm that I have known the applicant for a minimum of 2 years | Choose an item. |
| Please confirm how the applicant is known to you (for example friend, employee, colleague etc.)  |  |
| I would support the application to study a Higher Education course at Hereford College of Arts | Choose an item. |
| \*If you have answered no, please provide further information as to why you would not support the applicant to study a Higher Education course\* |
| **By typing your name in the box below and confirming your details, you are signing this form electronically.** |
| Name of Referee  |  | Date |  |
| Contact Telephone No. |  |
| Email Address |  |