



# Postgraduate Application Form

Guidance on how to complete this form can be found on our website at: [www.northernart.ac.uk](http://www.northernart.ac.uk)

## SECTION 1 - PERSONAL INFORMATION

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**Title** (Mr, Mrs, Miss, Ms, Mx, Other):

**Mobile number:**

**Family Name:**

**Home telephone:**

**Forename(s):**

**Email address:**

**Date of birth** (DD/MM/YY):

**Skype address:**

**Home address:**

This will be used by the School as your main correspondence unless an alternative correspondence address is provided.

**Alternative correspondence address:**

If you would like all correspondence from the School sending to an address other than your home address please provide full details here, otherwise please leave blank.

**Postcode:**

**Postcode:**

**Country of residence:**

**Nationality:**

e.g. British

**What country have you lived in for the last 3 years?:**

**Date of entry to the UK** (DD/MM/YY):

Please complete if not UK national.

## SECTION 2 - COURSE DETAILS

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**Name of the MA course that you wish to apply for:**

e.g. MA Creative Design Enterprise

**Proposed year of entry:**

**Dates not available for interview:**

**From:**

(DD/MM/YY)

**To:**

(DD/MM/YY)

## SECTION 3 - REFEREE

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Please provide the name and contact details for the person supplying your reference. Please ensure that these details match those provided on the reference form.

**Name:**

**Address:**

**Organisation:**

**Position:**

**Email address:**

**Postcode:**

**SECTION 4 - EDUCATION AND EMPLOYMENT**

**Education:** Please use the table below to list your qualifications and achieved/predicted grades with the most recent first, including the courses that you are currently studying.

Qualification Level e.g. BA, MA, A Level	Subject	Institution e.g. The Northern School of Art	Date taken/due to be taken (MM/YY)	Predicted/achieved grade

**Employment:** Please provide the name and addresses of your current employer or business name (if self-employed/freelancer), and any other employers from the last three years starting with the most recent.

**Job Title:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Employer/Business:** \_\_\_\_\_ **Employer/Business:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Employer/Business:** \_\_\_\_\_ **Employer/Business:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**SECTION 5 - ADDITIONAL SUPPORT**

This section is designed to enable us to provide appropriate resources to assist you. The School wishes to ensure that it complies with the requirements of the Equality Act 2010. If you are a disabled person, please ensure that we know what you need so that we can make all reasonable adjustments to help you succeed. **Please tick any of the boxes that apply to you.**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> <sup>99</sup> Not provided.                 | <input type="checkbox"/> <sup>04</sup> Visual Impairment                      | <input type="checkbox"/> <sup>05</sup> Hearing Impairment  | <input type="checkbox"/> <sup>06</sup> Disability Affecting Mobility |
| <input type="checkbox"/> <sup>07</sup> Profound Complex Disabilities | <input type="checkbox"/> <sup>08</sup> Social and Emotional Difficulties      | <input type="checkbox"/> <sup>09</sup> Mental Health Difficulty  | <input type="checkbox"/> <sup>10</sup> Moderate Learning Difficulty  |
| <input type="checkbox"/> <sup>11</sup> Severe Learning Difficulty    | <input type="checkbox"/> <sup>12</sup> Dyslexia                               | <input type="checkbox"/> <sup>13</sup> Dyscalculia   | <input type="checkbox"/> <sup>14</sup> Autism Spectrum Disorder      |
| <input type="checkbox"/> <sup>15</sup> Asperger's Syndrome           | <input type="checkbox"/> <sup>16</sup> Speech, Language & Communication Needs | <input type="checkbox"/> <sup>17</sup> I have a disability, special need or medical condition that is not listed.<br>Please provide details in the box to the right. |  |

**SECTION 6 - AREA OF ARTISTIC/DESIGN/ACADEMIC INTEREST**

Please copy and paste your text from Section 6 from the Postgraduate Reference form here.

Your statement should be a maximum of **500 words** and include:

- Your reasons for applying to study an MA course at The Northern School of Art
- A description of your current practice
- The proposed direction of your MA study (including potential research ideas/themes)

## SECTION 7 - EQUAL OPPORTUNITIES

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To enable us to improve the services we offer, please complete the following information which will be used to develop and monitor equality and diversity in the School.

**Gender:** Please tick the box that applies to you.

Male

Female

Other

Prefer not to say

**Ethnicity:** Please tick the box that applies to you.

- |    |   |    |   |    |   |    |  |
|----|---|----|---|----|---|----|--|
| 31 | White - British   | 32 | White - Irish   | 33 | White - Gypsy or Irish Traveller                    | 34 | White - Any other White background         |
| 35 | Mixed/Multiple ethnic group - White and Black Caribbean | 36 | Mixed/Multiple ethnic group - White and Black African | 37 | Mixed/Multiple ethnic group - White and Black Asian | 38 | Mixed/Multiple ethnic group - Other        |
| 39 | Asian/Asian British - Indian                            | 40 | Asian/Asian British - Pakistani                       | 41 | Asian/Asian British - Bangladeshi                   | 42 | Asian/Asian British - Chinese              |
| 43 | Asian/Asian British - Any other Asian Background        | 44 | Black/British - African                               | 45 | Black/British - Caribbean                           | 46 | Black/British - Any other Black background |
| 47 | Arab  | 98 | Other   | 99 | Not Known/Provided                                  |    |  |

## SECTION 8 - SIGNATURE

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I agree to The Northern School of Art processing personal data which includes sensitive data, contained in this form and the attached student reference. I agree to the processing of such data for any purposes connected with my studies or my health and safety whilst on the premises or for any other legitimate reason. I understand that this information will be provided to any other organisation which has a statutory right to receive it.

**Signature of applicant:**

Date (DD/MM/YY):

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Please complete your application as soon as possible and send (along with relevant references) to:

If handwritten please post to:

**Masters Applications  
The Admissions Team  
The Northern School of Art  
1 Church Square  
Hartlepool  
TS24 7EX**

Once we have received your application, we will be in touch about your next step. Please regularly check the email address that you have provided on your application for updates from the Admissions team.

If you have any questions about your application, please contact us via email at [admissions@northernart.ac.uk](mailto:admissions@northernart.ac.uk) or by telephone on **01429 858462** and ask for Admissions.