

Agency Stamp (if applicable) or University stamp if Erasmus or inter-institutional agreement student

**Application Form for Entry September 2020**  
**For International, European & British Fee-paying Applicants**

**SECTION ONE: Course Information**

<b>Course Name:</b>	Doctorate in Clinical Psychology Programme
---------------------	--

**SECTION TWO: Personal Details**

**Title:**

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>
Dr	<input type="checkbox"/>	Other:	<input type="text"/>

**Gender:**                      Male                       Female

<b>Family Name:</b>						
<b>First Names:</b>						
<b>Preferred/familiar first name:</b>						
<b>Date of Birth:</b>	Day:	<input type="text"/>	Month:	<input type="text"/>	Year:	<input type="text"/>

**SECTION THREE: Contact Details**

<b>Email address:</b>	<input type="text"/>
<b>Mobile telephone number:</b>	<input type="text"/>
<b>Correspondence Address:</b>	<input type="text"/>
<b>Telephone number:</b>	<input type="text"/>
<b>Permanent Address (if different):</b>	<input type="text"/>
<b>Telephone number:</b>	<input type="text"/>

## SECTION FOUR: Immigration Status

<b>Are you a UK national?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If you are not a UK national, are you a European Union (EU)/ European Economic Area (EEA)/Swiss national?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If Yes, please state your nationality:</i>				
<b>If you are a UK/EU/EEA/Swiss national, have you been living outside the UK/EU/EEA/ Switzerland for the past 3 years?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If Yes, please give details (including dates outside the EU/EEA/Switzerland):</i>				
<b>If you are living in the EU and were not born in the EU please state:</b>				
<i>Date of first entry to the EU:</i>				
<i>Date of most recent entry to the EU:</i>				
<i>Date from which you have been granted permanent residence in the EU:</i>				
<b>If you are not a UK/EU/EEA or Swiss national please state:</b>				
<i>Country of birth:</i>				
<i>Nationality:</i>				
<i>Country of residence:</i>				
<b>Do you require a student visa to study in the UK?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If you do not require a student visa what leave do you have to enable you to study in the UK (e.g. Indefinite Leave to Remain, Refugee status, Discretionary Leave or if some other form of leave please specify and provide evidence of your status).</i>				

**Please send in a copy of your passport details page and any visa you may hold with your application.**

## SECTION FIVE: Use of Agency

Are you applying via an Educational Agency or Representative?

Yes  No

If you are applying via an Educational Agency / Representative, please provide the name of the Agency / Representative below and sign the following statement:

'I have been advised and counselled by the above agency, have been informed of their terms and conditions and authorise them to represent me in my application'

Signature:

Date:

## SECTION SIX: Special Requirements / Needs

Please be aware that the University will provide some support for your academic needs but cannot provide support for personal care (for example, walking) which must be funded by the student. For information or advice please contact Disability Services directly at [DisabilityServices@herts.ac.uk](mailto:DisabilityServices@herts.ac.uk) or ring 01707 281338.

Please indicate if you have any special needs or require any support due to any disability or medical condition:

- |   |  |   |
|---|--|---|
| Specific learning disability (e.g. dyslexia) <input type="checkbox"/>                 | Blind or partially sighted <input type="checkbox"/>                      | Deaf or hearing impaired <input type="checkbox"/>   |
| Wheelchair or mobility difficulties <input type="checkbox"/>                          | Autistic Spectrum Disorder or Asperger Syndrome <input type="checkbox"/> | Mental health difficulties <input type="checkbox"/> |
| Unseen disability (e.g. diabetes, epilepsy, heart condition) <input type="checkbox"/> | Other (please explain below) <input type="checkbox"/>                    |   |

Do you receive Disabled Students' Allowance

Yes  No

If you have ticked any of these boxes please provide us with more information so that we are fully aware of your support needs:

## SECTION SEVEN: Qualifications and Eligibility

Please state any qualifications held or currently being obtained. Please note that these must include your highest level of qualifications. Please quote the original names of qualifications – do not translate to the UK equivalent.

**School Qualifications.** List all A/AS Levels, Highers or equivalent school qualifications.

<b>School or College Name:</b>			
<b>Dates Attended:</b>		<b>To:</b>	
<b>Qualification Type e.g. A level:</b>			
<b>Overall GPA (if relevant):</b> <i>For example: 3.0 out of 4.0</i>			
<b>Subjects:</b>			<b>Grades e.g. GPA:</b>

**University Qualifications.** List all University level qualifications, including any current courses. Please include full details of any qualifications you will include in Section Eight. Qualification type is Doctorate, Masters, Bachelor, Diploma or Other.

<b>University Name &amp; Location:</b>			
<b>Dates Attended:</b>		<b>To</b>	
<b>Qualification Type (see above):</b>			
<b>Qualification Title (e.g. BSc)</b>			
<b>Overall GPA (if relevant):</b> <i>For example: 3.0 out of 4.0, Degree Class or%</i>			
<b>Main Subject(s):</b>			<b>Class &amp; Division/Grade/GPA:</b>

<b>University Name &amp; Location:</b>			
<b>Dates Attended:</b>		<b>To</b>	
<b>Qualification Type:</b>			
<b>Qualification Title (e.g. BSc)</b>			
<b>Overall GPA (if relevant):</b> <i>For example: 3.0 out of 4.0, degree class or %</i>			
<b>Main Subject(s):</b>	<b>Class &amp; Division/Grade/GPA:</b>		

<b>University Name &amp; Location:</b>			
<b>Dates Attended:</b>		<b>To</b>	
<b>Qualification Type (see above):</b>			
<b>Qualification Title (e.g. BSc)</b>			
<b>Overall GPA (if relevant):</b> <i>For example: 3.0 out of 4.0, or Degree Class or %</i>			
<b>Main Subject(s):</b>	<b>Class &amp; Division/Grade/GPA:</b>		

**Professional or Any Other Qualifications (If applicable)**

<b>Institution Name:</b>			
<b>Dates Attended:</b>		<b>To</b>	
<b>Qualification Title:</b>			
<b>Overall Grade (if relevant):</b>			

<b>Institution Name:</b>			
<b>Dates Attended:</b>		<b>To</b>	
<b>Qualification Title:</b>			
<b>Overall Grade (if relevant):</b>			

Please provide photocopies of any certificates and transcripts with this application.

**Eligibility Information – Graduate Basis for Chartered Membership (GBC) of the British Psychological Society (BPS) (see <http://www.bps.org.uk/what-we-do/benefits-belonging/membership/graduate-member-mbpss/graduate-member-mbpss>)**

**On what basis do you have/will you have GBC?**

<input type="checkbox"/> Undergraduate UK/Irish accredited degree.  Please give details of the qualification.	University:  Title (eg BSc):  Main Subjects:  Have you completed this degree?	<b>YES</b> <input type="checkbox"/> You must submit with your application a copy of the academic transcript for this qualification.
<input type="checkbox"/> Postgraduate UK/Irish accredited conversion course.  Please give details of the qualification.		<b>NO</b> <input type="checkbox"/> If you will get the results of your qualification in December/January (eg Open University students) please inform us as soon as the university confirms your results. If you will complete your qualification next summer we do not need an academic transcript at this stage.
<input type="checkbox"/> Other qualifications assessed individually by the BPS.	Have you received the letter from the BPS confirming that you have Graduate Basis for Chartered Membership?	<b>YES</b> <input type="checkbox"/> You must submit with your application a copy of this letter from the BPS.
		<b>NO</b> <input type="checkbox"/> Please confirm date here when likely to receive confirmation from the BPS.  <u>Please contact us as soon as you do receive the letter from the BPS because this will need to be added to your application.</u>
<input type="checkbox"/> BPS Qualifying Exam	You must submit with your application a copy of the letter from the BPS confirming successful completion of the exam.	

## SECTION EIGHT: English Language Qualifications

Is English your first language? If Yes, go to Section Nine.

Yes  No

If No:

Have any of your University qualifications been taught and examined in English? Courses you have not completed are not included.

Yes  Please state which qualifications were in English:

No  You must submit evidence of your ability in English Language with your application. If you do not have the English language test results yet, please give details in the final question of the background Information in the Personal Statements in Section Ten.

Have you ever taken a formal English Language Examination or Test?

Yes  No

*Please enter details of the test(s) you have taken.*

*If you have booked a test but not taken it yet, please enter the test date below*

	Date Taken	Overall Grade	Reading Score	Writing Score	Speaking Score	Listening Score
<b>UK Qualifications</b>						
GCSE/IGCSE English Language						
O level English Language						
University Qualifications						
<b>IELTS Qualifications</b>						
Academic IELTS						
General IELTS						
<b>TOEFL Qualifications</b>						
iBT						
PBT						
<b>Pearson Test of English</b>						
PTE Academic						
<b>University of Cambridge ESOL</b>						
First Certificate in English (FCE)						
Certificate in Advanced English (CAE)						
Certificate of Proficiency in English (CPE)						
<b>Other Tests (please provide details)</b>						

If your test provider offers an online results verification service and you wish to share your result online with University of Hertfordshire, please provide the requested information below:

Information Required to Verify Test Results Online			
Cambridge ESOL Results Verification Service	Identification Number:		Secret Number:
IELTS TRF Verification Service	TRF Number:		
TOEFL Online Score Verification Service	TOEFL registration Number:		
Pearson Test of English Academic	To share your PTE Academic score with us, log in to your Pearson account, select your PTE Academic score and click 'Send Scores'		

If you are not providing online verification of your results, please provide photocopies of any English Language certificates with this application

## SECTION NINE: Employment/Relevant Experience

Please give details of any positions you have held, listing the current or most recent first:

RELEVANT EXPERIENCE - OCCUPATIONAL and/or RESEARCH EXPERIENCE	
List all relevant experience.	
<p>Dates should be in the mm/yyyy format and an example of an Employer is "Anytown Mental Health Unit".</p> <p>Status is paid or voluntary.</p> <p>Sector is Health, Social Services, Education, Private, Charitable or Other</p> <p>Give your Area of Work/Research e.g. adult mental health</p> <p>Give a brief description of the Main Duties of the post (200 character limit)</p>	
Date from:  Date to:  Hours p/week:  Status:  Sector:	Job Title:  Employer:  Area of Work:  Main Duties:
Date from:  Date to:  Hours p/week:  Status:  Sector:	Job Title:  Employer:  Area of Work:  Main Duties:





Date from:	Job Title:
Date to:	Employer:
Hours p/week:	Area of Work:
Status:	Main Duties:
Sector:	

**RELEVANT EXPERIENCE - OTHER EXPERIENCE**

Please give dates and brief details of your activities during any gaps in your CV in the previous question and the qualifications section such as time spent travelling, other work experience, periods of unemployment etc. (e.g. 09/2008 to 03/2009 travelling in South America).

1,300 character limit for this question.

--

**SECTION TEN: Personal Statement**

**PERSONAL STATEMENTS - REFLECTION ON YOUR WORK/RESEARCH EXPERIENCE**

In what way have your work and/or research experiences made you a better candidate for training in clinical psychology?

3,000 character limit for this question.

Please give details of any publications/dissemination resulting from your work.

1,500 character limit for this question.

**PERSONAL STATEMENTS - BACKGROUND INFORMATION**

What would you hope to gain from training?

750 character limit for this question.

Other information about yourself e.g. activities/interests apart from psychology.

750 character limit for this question.

If your experience reference is not from your current employer please give details of the reasons for this. If you need to explain your relationship to your referees (see References section), or there are any other factors relevant in assessing your application please give brief details here

700 character limit for this question.

**Only for International & EU/EEA applicants not working in the UK.**

Briefly outline your understanding of the role of the clinical psychologist within mental health care systems in the UK (1,500 character limit).

**How will you fund yourself?**

Personal/family resources

Loan

Studentship/Scholarship

Employer

Sponsorship

Other (please specify)

## SECTION ELEVEN: How did you hear about us?

Where did you first learn about the University of Hertfordshire?

Friends   
Teacher   
Education Fair   
Education Agency   
Newspaper

Family   
British Council   
UCAS   
UH website

Clearing House for  
Post Graduate courses  
in Clinical Psychology

Internet  
(please specify  
through which sites)

Other (please state)

## SECTION TWELVE: Declarations

Should you declare any information you will be contacted in due course to let you know whether it will affect your place or not. This information will remain strictly confidential and will only be shown to relevant staff at the University. Please note that you must include details of all and any offences, even if 'spent'. A criminal conviction or caution is not of itself an automatic bar to enrolment on a programme, but failure to disclose on this form something which later appears on the DBS Disclosure Certificate could be, and could result in expulsion from the institution and in legal action. Please note we take the safeguarding of vulnerable children and adults with mental health difficulties very seriously and will make any checks deemed necessary.

Do you have any spent or unspent criminal convictions?

Yes  No

*If 'Yes' please provide details:*

Date of offence:

Nature of offence:

Sentence received (conviction or caution or bind over):

Please give below the circumstances surrounding the above:

Is there any other information you feel we should know about (e.g. any other incidents with police involvement)

I certify that the information I have submitted in my application as a whole is correct and complete to the best of my knowledge. I give my consent for the information to be used for application/staff administration and research purposes, for the University of Hertfordshire to contact third parties to verify the information, and for those third parties to release personal data about me in the verification process, in accordance with the Data Protection Act 1998.

When you agree to this declaration and submit your application you are confirming that the information you give is correct and complete. If the University of Hertfordshire believes that you or any other person has given false information in your application or in your references; has omitted any information requested in the application, references, or on our website; has omitted other material information; or has made any misrepresentation in the information given; we will take the necessary steps to check the authenticity of your application. The University of Hertfordshire reserves the right at any stage to ask you to give further details on any aspect of your application (e.g., proof of identification, status, academic qualifications etc.). If you do not provide satisfactory information within the given time period, or if any part of your application is found to be fraudulent in any way, the University of Hertfordshire reserves the right to cancel your application and withdraw any offers.

The factual content of a sample set of applications may be checked and referees may be contacted on a random basis. For the purpose of preventing fraud, the University of Hertfordshire reserves the right to disclose information from your application to outside agencies (e.g., universities, employers, the British Psychological Society, the Home Office etc.).

By accepting your application we are not confirming your eligibility for entry to courses. We treat all applications in strict confidence.

**By signing the declaration below, you declare that:**

- 1. You are aware of the tuition fees for this course;**
- 2. You are aware of the recommended allowances for the cost of living at UH;**
- 3. All of the information given on this form is true and accurate and has been completed solely by you.**

**Signature:**

**Date:**

***Your signature must be handwritten***

## Applicant Checklist

### Included

  
  
  
  
  
  

### To Follow

  
  
  
  
  
  

- Completed application form
- References
- English Language test certificate
- Photocopies of academic certificates / transcripts
- Photocopy of passport details or EEA identity card
- Photocopy of existing visa (*if appropriate*)
- Photocopy of letter from BPS confirming GBC (*if appropriate*)

## Submitting your Application

**Please return your completed application form to:**

Ms Katie Simmans  
Programme Administrator  
Doctorate in Clinical Psychology Programme  
Department of Psychology & Sport Sciences  
College Lane Campus  
University of Hertfordshire  
Hatfield  
AL10 9AB  
United Kingdom

Telephone: +44 1707 286322

Email: [k.simmans@herts.ac.uk](mailto:k.simmans@herts.ac.uk)

**Please forward a copy of this application form to your referee once you have completed it. Please pass the relevant reference to your referee and ask them to send the reference directly to Katie Simmans, University of Hertfordshire, at the address above.**



## URGENT ACADEMIC REFERENCE REQUEST

**To the referee:**

Please give your opinion of the candidate's suitability for the course chosen to cover the applicant's academic ability, and personal qualities.

Applicant Name:	
Course Applied for:	
Dates I worked with the applicant:	From: _____ To: _____

**I have known the applicant as**

- An undergraduate student
- A postgraduate/research assistant
- A salaried member of staff
- Other

**I have known the applicant for**

- Less than one year
- One to two years
- Over two years

**I know the applicant**

- Casually
- Fairly well
- Very well

**How would you rate the quality and originality of their written work? 1 is low and 5 is high.**

- 1
- 2
- 3
- 4
- 5
- Unable to rate

**How would you rate their capacity to work independently, without close supervision? 1 is low and 5 is high.**

- 1
- 2
- 3
- 4
- 5
- Unable to rate

**How would you rate their research competence? 1 is low and 5 is high.**

- 1
- 2
- 3
- 4
- 5
- Unable to rate

**What is your overall judgement of their ability to successfully complete a clinical psychology training course?**

- I have significant doubts about their ability to complete a course
- I think they would struggle to get through a course
- Although they have some strengths I think they would struggle in some areas
- I think they would manage most areas of the course well
- I think they would have no difficulty in any area of the course
- Can't comment

**Comments:**

--

Name:			
Organisation:			
Position:			
Telephone Number:			
Email address:			
Signature:		Date:	

**Please return your completed reference directly to: Ms Katie Simmans, DClInPsy Programme, Dept. of Psychology & Sport Sciences, College Lane Campus, University of Hertfordshire, Hatfield, AL10 9AB, UK. [k.simmans@herts.ac.uk](mailto:k.simmans@herts.ac.uk)**

**URGENT EXPERIENCE REFERENCE REQUEST**

**To the referee:**

Please give your opinion of the candidate's suitability for the course chosen to cover the applicant's employment/relevant experience ability, and personal qualities.

Applicant Name:		
Course Applied for:		
Dates I worked with the applicant:	From:	To:

**I have known the applicant as**

- An undergraduate vocational worker
- A postgraduate assistant/researcher
- A salaried member of staff
- A voluntary worker
- Other

**I have known the applicant for**

- Less than one year
- One to two years
- Over two years

**I know the applicant**

- Casually
- Fairly well
- Very well

**Would you employ the applicant in a similar capacity again?**

- Yes
- No
- Unsure
- Can't comment

**How would you rate their ability to form positive working alliances with clients and colleagues? 1 is low and 5 is high.**

- 1
- 2
- 3
- 4
- 5
- Unable to rate

**How would you rate their ability to use supervision effectively? 1 is low and 5 is high.**

- 1
- 2
- 3
- 4
- 5
- Unable to rate

**How would you rate their ability to communicate complex/sensitive information to clients and colleagues? 1 is low and 5 is high.**

- 1
- 2
- 3
- 4
- 5
- Unable to rate

**How would you rate their ability to reflect on their own performance and on their strengths/weaknesses? 1 is low and 5 is high.**

- 1
- 2
- 3
- 4
- 5
- Unable to rate

**How would you rate their ability to organise their workload under pressure? 1 is low and 5 is high.**

- 1
- 2
- 3
- 4
- 5
- Unable to rate

**What is your overall judgement of their ability to successfully complete a clinical psychology training course?**

- I have significant doubts about their ability to complete a course
- I think they would struggle to get through a course
- Although they have some strengths I think they would struggle in some areas
- I think they would manage most areas of the course well
- I think they would have no difficulty in any area of the course
- Can't comment

**Comments:**

Name:			
Organisation:			
Position:			
Telephone Number:			
Email address:			
Signature:		Date:	

**Please return your completed reference directly to: Ms Katie Simmans, DClInPsy Programme, Dept. of Psychology & Sport Sciences, College Lane Campus, University of Hertfordshire, Hatfield, AL10 9AB, UK. [k.simmans@herts.ac.uk](mailto:k.simmans@herts.ac.uk)**