

Short course application form (non-accredited)

1. MANDATORY COURSE DETAILS (* to be completed BY ALL APPLICANTS for ALL COURSES)

Course title:*		
Preferred dates:*	1st	2nd

2. MANDATORY PERSONAL DETAILS (* to be completed BY ALL APPLICANTS)

Rank or title:*	Surname:*		Forenames:*						
Gender M/F:*	Known as:*		Nationality:*	Date of birth:*					
Correspondence/unit address (including postcode):*									
External telephone Alternative telephone. No:									
Personal email address eg @hotmail *									
(Please note: joining instructions will be sent to your personal address, to prevent the email being blocked by firewalls.)									
Work email address eg @mod.gov.uk									
Experience/qualifications/training/other justification relevant to this application*									

3. TO BE COMPLETED BY UK MOD AND INTERNATIONAL (IDTA) APPLICANTS ONLY, OTHERWISE GO TO SECTION 4

			N			Defence					
Employing TLB/BTE/	HOCS	JFC	Navy Comd	Army Comd	Air Comd	Nuclear Organisation					
Agency	DIO	DE&S	DSTL	DECA	Other: (Please state)						
Service:	RN/RM	British Army	RAF	MOD Civil Service	IDTA Military	IDTA Civilian	Other (Pl	ease st	ate)		
Military rank:	OF9/4*	OF8/3*	0F7/2*	OF6/1*	OF5	0F4/ S01	0F3/ S02				
	0F2/ S03	OF1	OR9/W01	OR8/ WO2	OR7	OR6/5	OR4-1				
Civilian grade:	SCS3	SCS2	SCS1	B1	B2	C1	C2	D	E1	E2	Other
Service/staff no.		Deco	rations:		Regt/Corps/Cap B	adge:			Reserve	e: Yes	No
Appointment/p	ost title:				Co	ourse prerequisi	tes satisfie	d? Ye	S	No	
Branch/unit:				Military	run out date:						
Address for invoice (only applicable if applying for a non-MOD sponsored course)											

LINE MANAGER DETAILS (for UK MOD and Civil Servants only)

Line Manager name:	Rank/G	rade:	Post/Appt:					
External tel code/no.	Externa	ıl email (eg @mod.uk):						
Endorsement/justification: (Any application submitted without the requisite endorsement will be rejected). • MSc-related short courses - please state why you support this application and how it will benefit MOD and core business. • Records management course - please include a description of records management duties.								
Applicant needs course for. (please tick all that apply)	Professional development:	Personal development:	Current job: Ne	xt job:				

4. TO BE COMPLETED BY NON UK MOD/NON IDTA APPLICANTS ONLY

Name of company/organisation:		
Address for invoice:		
Invoice postcode:	Reference/order no: (Where appropriate)	

5. HEALTH AND DISABILITY INFORMATION (* to be completed by ALL APPLICANTS)

You have no known disability

You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum

You are blind or have a serious visual impairment uncorrected by glasses

You are deaf or have a serious hearing impairment

You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy

You have a mental health condition, such as depression, schizophrenia or anxiety disorder

You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D

You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches

You have a disability, impairment or medical condition that is not listed above

You have two or more impairments and/or disabling medical condition

6. ETHNIC ORIGIN (* to be completed by ALL APPLICANTS)

White - British	Asian or Asian British - Chinese
White - Irish	Asian or Asian British - Other background
Gypsy or Traveller	Mixed - White and Black Caribbean
White - Other background	Mixed - White and Black African
Black or Black British - Caribbean	Mixed - White and Asian
Black or Black British - African	Other mixed background
Black or Black British - Other background	Arab
Asian or Asian British - Indian	Other ethnic background
Asian or Asian British - Pakistani	Prefer not to say
Asian or Asian British - Bangladeshi	

7. HOW DID YOU HEAR ABOUT THIS COURSE?

Word of mouth	Social Media
Google search	Printed advertising
Cranfield University website	Email advertising
Defence Academy website	
Other (please detail)	

8. SIGNATURE and DATE (* to be completed by ALL APPLICANTS)

Cianatura	Date:*	
Signature (typed name):*	(Please co applicatio	omplete electronically for emailed ns)

9. COMPLETED APPLICATION FORMS SHOULD BE EMAILED TO:

Cranfield University	E:	courses.shrivenham@cranfield.ac.uk	T:	96161 5810 or 01793 785810	

DATA PROTECTION

We take your data privacy very seriously and will only use your information to provide the products and services you have requested from us.

We will not sell, license or trade your information without your consent. For more information about how your data will be processed please see our <u>privacy policy</u>. When required, we may share your information across the University and with our commercial subsidiaries.

You can opt out of marketing communications from us at any time.