**Hearing Aid Aptitude Test
Distance Learning Programme**

**New Graduate: recognised Audiology qualification
with completion of practice placement**

Registration Form

* All applicants must have GCSE English Language and Mathematics at Grade C or above
(or equivalent); or an IELTS score of 7 (IELTS 7 overall, with at least 6.5 in each area).
* BSc Audiology/BSc Healthcare Science (Audiology) including successful completion of the practice placement Individual Record of Clinical Practice (IRCP) or
* MSc Audiology including successful completion of the practice placement IRCP
or the British Academy of Audiologists (BAA) Certificate of Audiological Competence (CAC)
or Higher Training Scheme (HTS).

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Date of Birth |  |
| Job title *(if applicable)* |  |
| Organisation *(if applicable)* |  |
| Nationality |  |
| Telephone number |  |
| Email address |  |
| Date of course  | 8th January 2018 |
| Special requirements  |  |
| I have a [DBS](https://www.gov.uk/government/organisations/disclosure-and-barring-service) certificate that is less than 3 years old*(delete statements as appropriate)* | * Yes, I have enclosed a copy of my certificate
* No, but my employer will arrange this for me and I will send you a copy at a later date
* No, please contact me to arrange a DBS check
 |
| Course Fees *(delete statements as appropriate)* | * I am paying for the course
* My employer is paying for the course
 |
| Course payments can be made online: <http://go.soton.ac.uk/89p> | * £350 full fee
* £315 discounted fee (10% discount):

For Alumni of the University of Southampton, ormembers of Staff from a Clinical Placement centre that hosts Southampton Audiology students  |

**Please ensure you complete each section of these 3 forms and collate all necessary documents. All applicants must submit these forms, plus the** [**Visiting Student Application Form**](http://www.southampton.ac.uk/engineering/postgraduate/taught_courses/audiology/hearing_aid_aptitude_distance_learning.page#entry_requirements)**.

Please email your complete application to** **visitingstudents.fee@soton.ac.uk**

Criminal Convictions Form

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Post Code |  | Date of Birth  |  |
| Time at this address\* (mm/yy) |  |

 *\* If you have lived at this address for less than 5 years, please give full details of any addresses at which you have lived in the past 5 years, on the next page.*

***Statement 1:*** I have read and understood the [ISVR Admissions Procedure on Criminal Records Checks](http://www.southampton.ac.uk/engineering/postgraduate/taught_courses/audiology/hearing_aid_aptitude_distance_learning.page#entry_requirements). I consent to checks as described in that document. I understand that my application to, or enrolment on, the programme to which I am currently applying may be terminated **at any stage** on disclosure of a criminal record or offence if it is judged unsatisfactory, following the procedures described in that document:

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Statement 2:*** I understand that I must inform the ISVR *immediately* if my status regarding the below statements changes **after making this declaration** while I am an applicant to, or student of, the programme to which I am currently applying:

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *If a declaration is made, this section will be destroyed once a final decision has been reached.*

***Declaration:***You must tick the box if any of the following statements apply to you. This applies even if you have previously been advised not to declare them (because audiology is exempt from the Rehabilitation of Offenders Act, 1974)

* I have a criminal conviction
* I have a ‘spent’ criminal conviction
* I have been charged with a criminal offence (including motoring offences)
* I have a caution (including a verbal caution), reprimand or warning
* I have a bind-over order
* I am serving a prison sentence for a criminal conviction
* I have been listed as being unsuitable to work with children or vulnerable adults

[ ]

(e.g. by the Police or Department for Children School and Families)

* I have been disciplined by a professional organisation, regulator or employer
* I have a civil proceeding made against me.

If you are in any doubt as to whether you have something to declare, you must take advice from an appropriate person, for example the Course Coordinator.

If you enter a tick in the box you will not be automatically excluded from the programme.

***Statement 3. General.*** I declare that the statements I have made, and information I have provided, are accurate and true to the best of my knowledge and belief and that no material information has been omitted. I understand that a failure to declare any of the above may result in my exclusion from placement or the termination of my enrolment:

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5 Year Address History**

|  |  |
| --- | --- |
| Name |  |
| Previous Address 1 |  |
| Post Code |  |
| From (mm/yy) |  | To (mm/yy) |  |

|  |  |
| --- | --- |
| Previous Address 2 |  |
| Post Code |  |
| From (mm/yy) |  | To (mm/yy) |  |

|  |  |
| --- | --- |
| Name |  |
| Previous Address 3 |  |
| Post Code |  |
| From (mm/yy) |  | To (mm/yy) |  |

Health Declaration Form

**To be completed by the Applicant:**

|  |  |
| --- | --- |
| Name |  |
| Work/ Placement Address |  |
| Post Code |  |
| Post Held |  |

**To be completed by Employer, Placement Supervisor or Medical Expert:**

|  |  |
| --- | --- |
| Name |  |
| Work/ Placement Address |  |
| Post Code |  | Telephone  |  |
| Post Held |  |
| Relationship to candidate |  |

**Declaration of Health**

To the best of my knowledge, I can confirm that the health of the candidate will allow them to perform their duties as a Hearing Aid Audiologist without risk to themselves or the public/patients/clients.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_