###### **U:\Style guides, logo and templates\School logo\Logo black\LSHTM_Logo_Black.pngMSc MODULES - APPLICATION FORM**

Return by email to [**shortcourses@lshtm.ac.uk**](mailto:shortcourses@lshtm.ac.uk)

Please use one application form per module

* **IF YOU ARE AN LSHTM STAFF MEMBER PLEASE DO NOT COMPLETE THE ‘LANGUAGES’ & ‘CHECKLIST’ SECTIONS OF THIS FORM**

# **PERSONAL DETAILS** (PLEASE WRITE IN CAPITAL LETTERS)

**Surname/ family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:** (Dr/Mr/Mrs etc) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender:** Male / Female / Prefer not to say **Date of Birth: day / month / year**

**Address**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Daytime Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:** \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPOSED STUDY**Please provide the details of the module that you want to study. If you wish to apply for more than one module, please use a new application form.

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| **Reference Code** | **Module Title** | **Start Date** |
|  |  | day / month / year |

**Please note:**

* If you wish to study “**Advanced Statistical Methods in Epidemiology**”, please confirm that you have registered for, or have already completed the “**Statistical Methods in Epidemiology**” module
* If you wish to study “**Economic Analysis for Health Policy”**, tick here to confirm that you have registered for, or have completed, **“Introduction to Health Economics”** (or an equivalent module or programme).

**Please complete the following sections where applicable**

**TICK here if you are a distance learning student**

* Are you a LSHTM distance learning student? (delete as appropriate): Yes No
* If yes, state your distance learning student ID number and the title of the Distance Learning programme you are studying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all distance learning modules completed to date and all grades achieved:

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#### LANGUAGES

Please enclose your result sheet of TOEFL or IELTS test, if English is not your first language. English language requirements can be found at [www.lshtm.ac.uk/study/faq/english\_requirements.html](http://www.lshtm.ac.uk/study/faq/english_requirements.html)

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| **First Language (s)** | **English Language Test(s) taken or to be taken** | | | **Other Languages** |
|  | **Name of Test** | **Overall Score/Grade** | **Date of Test** |  |

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| **FUNDING** (Please tick appropriate box)   * **Self-funded** * **Sponsored** * **LSHTM Staff Member**   If the course fee is to be paid on the candidate’s behalf, please send a letter from the sponsors to confirm this as soon as possible. Otherwise the applicant will be held responsible for payment. Fees are payable in advance and attendance on a course may not begin until fees are paid. Fees will not be refunded if notification of your withdrawal is received after the fee deadline date. Payments cannot be deferred to a later intake. |

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| CHECKLIST Please ensure you enclose the following documents with this application:   * CV * A sponsorship letter (if applicable) * Completed Equal Opportunities form   **Unless you are a current LSHTM Distance Learning student, you will also need to submit:**   * Proof of your qualifications * Your English test results, if English is not your first language.   **If applying for more than one module, copies of documents must be attached to each application form.** |

**Declaration and signature of candidate seeking admission:**

By signing this form below, I declare that the information given in this application is correct, complete and accurate and no information requested or other material information has been omitted. I have read and understood the arrangements for payment of tuition fees to which arrangements I will adhere.

I confirm that if admitted and while in attendance at the School I will follow the instructions given to me by the course organizers and the authorities of the School. I understand that the School may cancel courses two weeks before the first day of the course if numbers prove insufficient and in those circumstances course fees will be refunded. I agree to my name and contact details being made available to the other students on the Course Participants List.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** day / month / year

**EQUAL OPPORTUNITIES**

The School does not discriminate when considering any person for admission as a student on the grounds of disability, religion, race (including colour, citizenship and ethnic origin), political affiliation, sexual orientation or gender.

This information will only be used to monitor the School's equal opportunities policies, and to assess and deliver appropriate support. However, we recognise that some students might want this information to remain confidential. If you do not want to disclose this information on form, there will be other opportunities during the admissions process. Alternatively, you are welcome to contact the Head of Admissions to discuss any issues in person.

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| **Ethnic origin**  *To which ethnic group do you consider you belong?* | | | |
| White |  | Other Asian Background |  |
| Black or Black British – Caribbean |  | Mixed – White or Black Caribbean |  |
| Black or Black British – African |  | Mixed – White or Black African |  |
| Other Black Background |  | Mixed – White or Black Asian |  |
| Asian or Asian British – Indian |  | Other Mixed Background |  |
| Asian or Asian British – Pakistani |  | Other Ethnic Background |  |
| Asian or Asian British – Bangladeshi |  | Prefer not to say |  |
| Chinese |  |  |  |

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| **Gender identity**  *Is your current gender identity the same as the gender originally assigned at birth?* | |
| Yes |  |
| No |  |
| Prefer not to say |  |

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| **Religious belief**  *Please indicate your religious belief* | | | |
| No religion |  | Christian – Other denomination |  |
| Buddhist |  | Hindu |  |
| Christian |  | Jewish |  |
| Christian – Church of Scotland |  | Muslim |  |
| Christian – Catholic |  | Sikh |  |
| Christian – Presbyterian Church in Ireland |  | Spiritual |  |
| Christian – Church of Ireland |  | Any other religion or belief |  |
| Christian – Methodist Church in Ireland |  | Prefer not to say |  |

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| **Sexual orientation**  *Please indicate your sexual orientation* | |
| Bisexual |  |
| Gay man |  |
| Gay woman/lesbian |  |
| Heterosexual |  |
| Other |  |
| Prefer not to say |  |

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| **Disabilities**  *Please indicate any disabilities or special needs that may require special arrangements or facilities* | | | |
| No disability |  | Physical impairment or mobility issues |  |
| Autistic Spectrum Disorder |  | Social/communication impairment e.g. Asperger’s |  |
| Blind/serious visual impairment |  | Specific learning difficulty e.g. dyslexia, dyspraxia |  |
| Deaf/serious hearing impairment |  | Two or more impairments and/or disabling medical conditions |  |
| Long-standing illness or health condition |  | Other disability or medical condition |  |
| Mental health condition |  | Prefer not to say |  |

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| DISABILITY INFORMATION If you require special arrangements to be made for any disability, please contact [studentadvice@lshtm.ac.uk](mailto:studentadvice@lshtm.ac.uk) as soon as possible after submitting the course application form. The School will endeavour to accommodate all reasonable requests but we may not be able to support last minute requests. Please refer to the following link for information on Disability Information for Applicants: [www.lshtm.ac.uk/study/studentservices/disability](http://www.lshtm.ac.uk/study/studentservices/disability)  Emails to [studentadvice@lshtm.ac.uk](mailto:studentadvice@lshtm.ac.uk) are accessed by the Student Advice & Counselling service and no information is disclosed beyond the team without your prior consent. |