



# COURSE APPLICATION FORM PART 1

Please complete all 3 parts of the application form and email to [dataadministrator@ac.cnelm.co.uk](mailto:dataadministrator@ac.cnelm.co.uk) or post to Data Administrator - address detailed below

<b>FIRST NAME(S)</b>	<b>SURNAME</b>
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## PERSONAL DETAILS

<b>TITLE</b> optional	<b>DAY TIME TELEPHONE NO.</b>	<b>EVENING TELEPHONE NO.</b>	<b>E-MAIL ADDRESS</b>	<b>MOBILE TELEPHONE NO.</b>
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<b>HOME ADDRESS</b>
<b>POSTCODE</b>

<b>MAY WE CONTACT YOU AT WORK</b> <b>YES / NO</b> Delete as appropriate	<b>EMERGENCY CONTACT DETAILS</b>
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**PLEASE INDICATE WHICH PASSPORT/S YOU HOLD:**

**If you hold a passport within the UK and European Economic area please submit a copy.**

## DECLARATION

I hereby declare\* that to the best of my knowledge that I do not have a vested interest in any service or product provided by the Centre or that could undermine the integrity of the Centre.

\*If you are unable to make the declaration you should state in the space below any relationship of the nature referred to:

I certify that the information provided in this application form is correct and agree that it should form part of the basis of my enrollment on a course/s. I authorize the Centre for Nutrition Education & Lifestyle Management to check the information I have supplied. I understand that falsification of qualification or information may lead to withdrawal from or any offer of a place on a course.

If you require assistance with completing this application form then please contact us on 0118 979 8686 or email [dataadministrator@ac.cnelm.co.uk](mailto:dataadministrator@ac.cnelm.co.uk)

Please return your completed application form to:  
Data Administrator, Centre for Nutrition Education & Lifestyle Management, Chapel Garden,  
14 Rectory Road, WOKINGHAM, RG40 1DH

<b>FOR OFFICE USE ONLY (CONFIDENTIAL)</b>
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## DATA PROTECTION ACT 1998

The information you have provided on this form will be used to inform the recruitment process. It will be held securely as used in connection with matters associated with enrollment on courses with the Centre for Nutrition Education & Lifestyle Management.

All or part of the information provided may be disclosed or supplied to external organizations or bodies such as Courts, Bailiffs, Benefits Agency, any other charging authority for the following purposes:

1. The prevention of crime
2. The apprehension or prosecution of offenders
3. The assessment or collection of tax or duty in any case where failure to disclose would be likely to prejudice any of those matters
4. Data matching initiatives with other statutory bodies for the purpose of fraud prevention and detection.

### DECLARATION

I am aware that the Centre for Nutrition Education & Lifestyle Management will create and maintain computer and paper records of me and that these will be processed in accordance with the Data Protection Act 1998 and may be used for the purposes detailed above, both internally at the Centre and to external bodies.

***If offered a place on one or more of our course you will be asked to sign this form. You can opt to sign this document on application.***

SIGNED:

DATE:

**If you are returning this application by email please make sure this page is formally signed.**

# COURSE APPLICATION FORM PART 2

<b>FIRST NAME(S)</b>	<b>SURNAME</b>
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**COURSE/S APPLIED FOR: Please tick below**

BSc Hons Nutritional Science Distance Learning	MSc Personalised Nutrition PN Attendance or Distance Learning	Postgraduate Diploma PN Attendance or Distance Learning	Postgraduate Certificate PN Attendance or Distance Learning	CNELM Nutritional Therapy Practice Diploma Attendance Distance Learning
Dietary Educator Certificate	Nutrition Coach Diploma	NLP Practitioner course	Why Weight Practitioner	
Chemistry Foundation	Human Biology Foundation	Bioscience Short Course/s	Advanced Learner Entry	Food For Health

**PRESENT EMPLOYMENT OR MOST RECENT EMPLOYMENT**

<b>EMPLOYERS NAME AND ADDRESS</b>	
	<b>POSTCODE</b>

<b>POST TITLE</b>	<b>START DATE</b>	<b>LEAVING DATE</b>
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**MAIN DUTIES**

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**FOR OFFICE USE ONLY (CONFIDENTIAL)**

**WORK HISTORY (exclude current or most recent)**

**EMPLOYER'S NAME AND ADDRESS**

**POSTCODE**

**JOB TITLE**

**MAIN DUTIES**

**MAIN REASON FOR LEAVING**

**EMPLOYER'S NAME AND ADDRESS**

**POSTCODE**

**JOB TITLE**

**MAIN DUTIES**

**MAIN REASON FOR LEAVING**

**EMPLOYER'S NAME AND ADDRESS**

**POSTCODE**

**JOB TITLE**

**MAIN DUTIES**

**MAIN REASON FOR LEAVING**

**GAPS IN EMPLOYMENT**

Please note, gaps in employment history must be justified. Please continue on a separate sheet as necessary. If you are a school leaver then please use this space to explain

**EDUCATION AND TRAINING (Secondary, Further, Higher Education, Private courses)**  
 The Centre may require evidence of your qualifications before making an offer to enroll on a course

FROM (month/year)	TO (month/year)	QUALIFICATION (including subjects, grades or expected results)	NAME OF EDUCATION OR TRAINING ESTABLISHMENT

**ADDITIONAL INFORMATION**

WILL YOU TRAVEL TO THE CENTRE BY CAR?	YES Delete as appropriate	NO
IF NO, THEN WHAT MODE/S OF TRANSPORT WILL YOU USE? (train, bus, bicycle, airplane)	YES Delete as appropriate	NO
WILL YOU BE SEEKING LOCAL OVERNIGHT ACCOMMODATION?	YES Delete as appropriate	NO
DO YOU HAVE COMPUTER ACCESS AT HOME?	YES Delete as appropriate	NO
DO YOU HAVE BROADBAND ACCESS AT HOME?	YES Delete as appropriate	NO
IS ENGLISH YOUR FIRST LANGUAGE?	YES Delete as appropriate	NO
IF NO TO ABOVE, DO YOU HAVE A PROFICIENCY IN ENGLISH CERTIFICATE? OR DO YOU HAVE EVIDENCE OF HAVING STUDIED A COURSE IN THE ENGLISH LANGUAGE	YES Delete as appropriate	NO
DO YOU HAVE ANY HEALTH ISSUES THAT WE SHOULD BE AWARE OF FROM A SAFETY VIEWPOINT? e.g. allergy, diabetes, epilepsy	DO YOU PLAN TO STUDY FULL OR PART TIME?	
WILL YOU BE SELF-FUNDING? If No, briefly explain how you plan to fund your course of study	DO YOU PLAN TO ATTEND LECTURES OR ACCESS MOST LECTURES AUDIO VISUALLY OR MIX AND MATCH?	
LIST YOUR THREE FAVORITE INTERESTS/HOBBIES	HOW MANY HOURS A WEEK DO YOU HAVE FOR STUDYING?	
HOW LONG HAVE YOU BEEN INTERESTED IN NUTRITION AND WHAT TRIGGERED YOUR INTEREST?	WHICH NUTRITION BOOKS/MAGAZINES/JOURNALS/SEMINARS HAVE YOU READ/ATTENDED?	

## **REFERENCES**

Should you be offered a place on one of our degree course/s we may occasionally want to take up referees as outlined below. Please supply either two professional references or one professional and one academic reference as indicated below. You will be informed if we pursue references.

**Employment references** – please provide referee/s details to cover recent employment

**Academic references\*** – if you are a school leaver or graduate entrant and do not have any previous employment history then please supply the details of a school/college tutor. If you have academic qualifications from overseas please supply an academic reference which can be used to verify qualifications.

**Personal references** – if you have no previous employment please give details of someone who can provide a character reference

***We reserve the right to take up references from any previous employer***

<b>NAME OF REFEREE</b>	<b>NAME OF REFEREE (ACADEMIC REFERENCE)*</b>
<b>NAME AND ADDRESS OF ORGANISATION</b>	<b>NAME AND ADDRESS OF ORGANISATION</b>
<b>POSTCODE</b>	<b>POSTCODE</b>
<b>TELEPHONE</b>	<b>TELEPHONE</b>
<b>EMAIL</b>	<b>EMAIL</b>

If you are applying for a degree course in full, or in part, then please use the following space to write about one of the following topics. Why is nutrition important to you?

- a) Why do you wish to study nutrition?

### **IMPORTANT NOTES FOR COURSE APPLICANTS**

- 1** APPLICATIONS WILL GENERALLY BE ACKNOWLEDGED BY EMAIL.
- 2** APPLICANTS WILL BE INFORMED AS SOON AS IS PRACTICABLE OF THE OUTCOME OF THEIR APPLICATION
- 3** A NO SMOKING POLICY APPLIES TO THE CENTRE'S OFFICES
- 4** IF DISCLOSURE INFORMATION IS TO BE SOUGHT FROM THE CRIMINAL RECORDS BUREAU YOU WILL BE NOTIFIED SEPARATELY
- 5** COURSE INTERVIEWS TAKE PLACE IN WOKINGHAM BY INDIVIDUAL ARRANGEMENT. PLEASE CALL TO ARRANGE A TIME FOR A PERSONAL INTERVIEW (UNLESS INTERVIEWED PRIOR TO RECEIVING THIS APPLICATION FORM).
- 6** TELEPHONE INTERVIEWS CAN BE CONDUCTED. HOWEVER CONFIRMATION OF YOUR PLACE FOR PRACTITIONER NUTRITION COURSES WILL ONLY BE CONFIRMED ON YOUR FIRST ATTENDANCE AT THE CENTRE.
- 7** YOU CAN JOIN US FOR A OPEN DAY TO FIND OUT MORE ABOUT OUR COURSES. VISIT OUR WEBSITE FOR FUTURE DATES.
- 8** APPLICANTS APPLYING FOR CONTINUING PROFESSIONAL DEVELOPMENT ONLY DO NOT REQUIRE AN INTERVIEW.

### **STUDYING IN THE UK**

CNELM offers some courses as a Distant Option and these are open to International students wishing to apply. CNELM is not accredited nor holds a Tier 4 License to sponsor international student visa applications. Therefore we cannot accept applications from International Students for Attendance courses. If you are unsure as to your eligibility for a student visa then you should contact the UK Borders Agency. For the purpose of clarification an international student would be any person who is a non-European Economic Area national. Therefore CNELM accepts applications from students within the UK and European Economic Area.

For further information please visit the UK Border Agency website:

<http://www.ukba.homeoffice.gov.uk/visas-immigration/studying/>

### **DECLARATION OF FITNESS**

SUCCESSFUL APPLICANTS MAY BE REQUIRED TO COMPLETE A CONFIDENTIAL DECLARATION OF FITNESS TO PRACTICE FORM DEPENDING ON THE NATURE OF COURSE APPLIED FOR.

# COURSE APPLICATION FORM PART 3

<b>FIRST NAME/s</b>	<b>SURNAME</b>
<b>COURSE/S APPLIED FOR: Please tick below</b>	

BSc Hons Nutritional Science Distance Learning	MSc Personalised Nutrition PN Attendance or Distance Learning	Postgraduate Diploma PN Attendance or Distance Learning	Postgraduate Certificate PN Attendance or Distance Learning	CNELM Nutritional Therapy Practice Diploma Attendance Distance Learning
Dietary Educator Certificate	Nutrition Coach Diploma	NLP Practitioner course	Why Weight Practitioner	
Chemistry Foundation	Human Biology Foundation	Bioscience Short Course/s	Advanced Learner Entry	Food For Health

<b>MONITORING INFORMATION</b>			
<i>Please delete as appropriate in boxes below</i>			
<b>YOUR GENDER IS</b>	<b>Male</b>	<b>Female</b>	<b>DATE OF BIRTH</b> (Day/Month/Year)
CNELM encourages you to disclose any disability/medical condition which could disadvantage your ability to study. All offers are made on academic grounds only and in line with CNELM's Recruitment & Disability Policy. The information you submit will be used to help CNELM provide appropriate support. Please tick all that apply.			
No Disability	Learning Difficulty	Blind/Serious Visual Impairment	Deaf/Serious Hearing Impairment
Wheelchair User/Mobility Issues	Personal Care Support	Mental Health Condition	
Unseen Disability: e.g. Diabetes	Autistic Spectrum/Asperger's	Other disability not listed here	
Please detail other disability or additional support needs:			

<b>ETHNIC ORIGIN</b> English Irish Welsh Scottish Other <b>If Other White background, please specify</b>
<b>MIXED</b> White And Caribbean White and Black African White and Asian Other Mixed Background <b>If Other Mixed Background, please specify</b>
<b>ASIAN OR ASIAN BRITISH</b> Indian Pakistani Bangladeshi Other Asian Background <b>If Other Asian Background, please specify</b>
<b>BLACK OR BLACK BRITISH</b> Caribbean African Other Black Background <b>If Other Black Background, please specify</b>
<b>CHINESE OR OTHER ETHNIC GROUP</b> Chinese <b>Any other background, please specify:</b>

<b>HOW DID YOU HEAR ABOUT THIS COURSE?</b> Internal Internet Journal/Magazine Newspaper Word of Mouth <b>If journal/magazine then please state name of the publication</b>
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## EQUAL OPPORTUNITIES

***'The Centre is committed to equality of opportunity and welcomes course applicants from all sections of the community'.***

## DATA PROTECTION ACT 1998

Monitoring of ethnic origin, race, sex or disability by the Centre is a necessary element of an established programme for the promotion of equality of opportunity and the elimination of discrimination or where it is otherwise needed because of some special feature of a particular course. All or part of the statistical information provided may be disclosed or supplied to relevant members of the Centre's Board of Directors and to external organisations such as the Audit Commission for statistical information purposes and/or Best Value performance indicators. The data collected for monitoring purposes is aggregated, and subject to strictly controlled access procedures.

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## REHABILITATION OF OFFENDERS ACT AS AMENDED 2013

***'Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198'. Please indicate below:***

Please click on the link below to read up on the Rehabilitation of Offenders Act:

[http://www.legislation.gov.uk/ukxi/2013/1198/pdfs/ukxi\\_20131198\\_en.pdf](http://www.legislation.gov.uk/ukxi/2013/1198/pdfs/ukxi_20131198_en.pdf)

Disclosure of a conviction does not automatically exclude applicants from consideration. The offence will be taken into account if it is considered to be one which would make you unsuitable for professional registration as a practitioner.

The Centre welcomes applications from ex-offenders as part of its equal opportunities policy. The information you provide will be treated as strictly confidential and will be considered only in relation to the course you are applying for.

**YES NO** (please delete as appropriate) if **YES** please complete next section

If you are applying for a course that would lead to a practice outcome and enable you to work with vulnerable groups then please indicate here either further information about the offence(s) or confirm your willingness to undertake a CRB clearance check at your own cost:

## DECLARATION

I declare that the information contained on this declaration is correct

SIGNATURE

DATE

If you are invited for a course interview or have been interviewed you will be asked to sign this form  
**If you are returning this application by email please make sure this page is formally signed.**

**Please ensure you have fully completed all 3 parts of this Application Form**