Application Form for Postgraduate Politics Internship Program at Swansea University – Summer 2020

Please complete this form **ELECTRONICALLY** or **PRINT** your details in **CAPITAL LETTERS** using **black** ink.

| Personal Details | | | | |
|--|--------------------------------|---|--|----------|
| Surname (Last/Family Name): | | First Name(s): | | |
| Date of Birth (please write in the format shown: (eg 10/May/1984): | | Nationality (as stated on your passport): | | |
| Passport Number: | | Passport expiry date: | | |
| Gender: | | | | |
| Permanent Home | Address (not term time): | | | |
| City: | State: | Postcod | - | Country: |
| | | (Zipcode | 2) | |
| Email Address: | | | | |
| Mobile (Cell) Phone Number: | | Home Phone number: | | |
| Have you ever stu | idied in the UK before? Ple | ease indic | ate YES or NO: | |
| Home University I | | | | |
| Name of Home Ur | | | | |
| (or equivalent ins | • | | | |
| Degree subject/ Major and/or Minor: | | Expected graduation date: | | |
| Name of Home University Coordinator: | | Coordinator Email address: | | |
| | | | | |
| Would you like to be allocated a student 'buddy'? ** If you have indicated that you would like to be allocated a student 'buddy', you are consenting to share your email address with the Swansea student who will act as your buddy. | | | | |
| The modules and study period at Swansea that you are applying for are: | | | | |
| Modules: PO-PX01 / PO-PX02 / PO-PX03 | | | Dates: 18 th May – 10 th July 2020 | |
| Please state your preference for type of internship: Please indicate your ranking of preferences (1 - 4) | | | | |
| Non-Profit / Non-C | Sovernmental Placements | with: | | |
| Race Council Cymru, Swansea Citizens Advice Bureau, Swansea Public Health Wales Wales Centre for Public Policy | | | | |
| National Assembly Member (AM), Swansea & Cardiff Markhan of Barliamant (MB) Swansea (city a region) | | | | |
| Member of Parliament (MP), Swansea (city + region) | | | | |

Disability/ Specific Needs

Please indicate which of the statements below is most appropriate to you. You <u>must</u> put an X in one of the boxes. We understand it may be difficult to tell us about a disability, medical condition or specific need. However, we encourage you to disclose information about your disability etc. to ensure the University is aware of your support requirements and so we can advise you on how we can best support you. If you do not provide information about your disability, medical condition etc. it may not be possible to arrange or make the necessary adjustments for you.

| | <u> </u> |
|-----|--|
| Α | No known disability |
| В | Social/communication impairment eg Asperger/Autism |
| С | Blind/partially sighted |
| D | Deaf/hearing impairment |
| E | Long term illness eg cancer, diabetes, epilepsy |
| F | A mental health condition, such as depression |
| G | Specific difficulty eg dyslexia, dyspraxia, ADHD |
| Н | A physical impairment or mobility issues |
| 1 | Other disability/impairment/condition not listed |
| J | Two or more impairments and/or medical conditions |
| /DI | |

(Please continue on a separate page if necessary)

Application Process

Please return your completed application form to your Study Abroad office by December 15th 2019.

Please make sure you include the following documents:

- 1. An up to date CV including information about education, previous work experiences (if applicable).
- 2. A 250 word personal statement to support your application and explain your placement preference. The statement and the CV inform our decision on the fit between you and the placement provider.
- 3. An academic reference from an academic or professor who has taught you at your university.
- 4. A copy of the biographical page/s of your passport (<u>if you do not currently hold a passport</u>, you must commence the application process immediately).
- 5. A copy of your most recent academic transcript (either on university letterhead or university stamped)
- 6. If English is not your first language, please include an English language certificate no more than two years old.

Incomplete forms will not be accepted.

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|---------------------------------------|--|
| I confirm that, to | the best of my knowledge and belief, the information given on this form is true, complete and accurate. |
| Agree □ | Disagree □ |
| information give the right to cand | at any offer of a place to study as an exchange/visiting student at Swansea University will be based upon the en in this form. Swansea University reserves the right to establish the authenticity of my application and it reserves below application if it transpires that false or misleading information has been provided in support of this application efferee or by any other person acting on my behalf. |
| Agree □ | Disagree □ |
| If new information | on becomes relevant I will contact the Go Global team at Swansea University with full details. |
| Agree □ | Disagree □ |
| | e information given on this form will be retained by the University and used for the purpose of processing my ccordance with the provisions of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) |
| Agree □ | Disagree □ |
| | nation please see our Student Privacy Notice: https://www.swansea.ac.uk/about-us/compliance/data-dent-privacy-notice/ |
| the University m | at the information stored by Swansea University may be used for reporting, both internally and externally, and that hay also check the information provided by verifying qualifications with any previous educational establishment I and with the UK Home Office. |
| Agree □ | Disagree □ |
| I understand that | at the academic results of my study period at Swansea University will be shared with my home university. |
| Agree □ | Disagree □ |