Application Form for Undergraduate Politics Internship Program at Swansea University – Spring 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 Hom	e Address (not term time	e):		
City:	State:	Postcode: (Zipcode)	Country:	
Email Address:				
Mobile (Cell) Phone Number:		Home Phone number:		
Have you ever studied in the UK before? Please indicate YES or NO:				
Home University Details				
Name of Home University				
(or equivalent institution):				
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'? YES ** / NO ** 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-UX	00A / PO-UX01A / PO-U	JX02A Dates: 27 th Januar	ry – 8 th May 2020	
Please state your preference for type of internship: Please indicate your ranking of preferences (1 - 3)				
Non-Profit / Non	-Governmental Placeme	ents with:		
 Race Council Cymru, Swansea Citizens Advice Bureau, Swansea Public Health Wales 				
Parliamentary Placements with:				
 National Assembly Member (AM), Swansea & Cardiff Member of Parliament (MP), Swansea (city + region) 				

Disability/ Specific Needs				
Please indicate which of the statements below is most appropriate to you. You must 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.				
	Α	No known disability		
	В	Social/communication impairment eg Asperger/Autism		
	С	Blind/partially sighted		
	D	Deaf/hearing impairment		
	Е	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		
	T	Other disability/impairment/condition not listed		
	J	Two or more impairments and/or medical conditions		
(Please	con	tinue on a separate page if necessary)		

Application Process

Please return your completed application form to your Study Abroad office between the 1st and 15th of October.

Your Study Abroad office will have the specific date for each academic year.

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</u> <u>passport, you must commence the application process immediately</u>).
- 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.

PRIVACY STATEMENT

I confirm that, to the best of my knowledge and belief, the information given on this form is true, complete and accurate.

Agree
Disagree

I understand that any offer of a place to study as an exchange/visiting student at Swansea University will be based upon the information given in this form. Swansea University reserves the right to establish the authenticity of my application and it reserves the right to cancel my application if it transpires that false or misleading information has been provided in support of this application by me, by my referee or by any other person acting on my behalf.

Agree
Disagree

If new information becomes relevant I will contact the Go Global team at Swansea University with full details.

Agree □ Disagree □

I accept that the information given on this form will be retained by the University and used for the purpose of processing my application, in accordance with the provisions of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

Agree
Disagree

For more information please see our Student Privacy Notice: <u>https://www.swansea.ac.uk/about-us/compliance/data-protection/student-privacy-notice/</u>

I understand that the information stored by Swansea University may be used for reporting, both internally and externally, and that the University may also check the information provided by verifying qualifications with any previous educational establishment I have attended and with the UK Home Office.

Agree □ Disagree □

I understand that the academic results of my study period at Swansea University will be shared with my home university.

Agree □ Disagree □