

**Title of course:** \_\_\_\_\_

**Date(s) of Course:** \_\_\_\_\_

**Location:** \_\_\_\_\_

Please complete this form in full, in **BLOCK CAPITALS** using the spaces provided. Return, by post **OR** return as an attachment to an email.

**Email address:** [admincentre.courses@ioe.ac.uk](mailto:admincentre.courses@ioe.ac.uk)

**Postal Address:** ADMIN Centre Administrator, ADMIN Centre, Institute of Education, University of London  
55-59 Gordon Square, London, WC1H 0NT

*The information provided will be used for monitoring purposes. It will be stored in accordance with the Data Protection Act, 1998.*

Section A – Personal Details	
Title	
First name	
Surname	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address for correspondence (Including postcode)	
Telephone number	
Email address	
Section B – Employment Details (if currently employed)	
In what type of organisation do you currently work?	
University/College <input type="checkbox"/>	Private-sector organisation <input type="checkbox"/>
Research Institute (e.g. NatCen, NFER) <input type="checkbox"/>	Voluntary-sector organisation <input type="checkbox"/>
Government/other public-sector organisation <input type="checkbox"/>	Other (including freelance) <input type="checkbox"/>
Private-sector organisation <input type="checkbox"/>	
Voluntary-sector organisation <input type="checkbox"/>	
Other (including freelance) <input type="checkbox"/>	
Name of employer	
What is your current position?	
Junior Researcher (e.g. Research Officer, Research Fellow, Lecturer etc.) <input type="checkbox"/>	
Senior Researcher (e.g. Senior Research Officer, Senior Lecturer etc.) <input type="checkbox"/>	
Professor/Reader/Head of Unit/Director <input type="checkbox"/>	
Other (please specify) <input type="checkbox"/>	

<b>Section C – Student Details (for current students)</b>	
Type of degree which you are registered for	First degree <input type="checkbox"/> Masters degree <input type="checkbox"/> Doctoral degree <input type="checkbox"/>
Name of degree	
Whether you are registered full-time or part-time	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
The institution at which you are registered	
<b>Section E – Region (please select one option)</b>	
London <input type="checkbox"/> South-East <input type="checkbox"/> South-West <input type="checkbox"/> East of England <input type="checkbox"/> Midlands <input type="checkbox"/> North-West <input type="checkbox"/>	North-East <input type="checkbox"/> Wales <input type="checkbox"/> Scotland <input type="checkbox"/> Northern Ireland <input type="checkbox"/> EU (other than UK) <input type="checkbox"/> Outside the EU <input type="checkbox"/>
<b>Section F – Registration Fee (PER DAY)</b>	
UK registered postgraduate student £30 <input type="checkbox"/> Staff at UK academic institution £60 <input type="checkbox"/> ESRC funded researcher £60 <input type="checkbox"/>	Registered charity organisation £60 <input type="checkbox"/> Other £220 <input type="checkbox"/>
Please provide details (e.g. student no. or name of institution/ESRC research project/charity organisation):	
<i>All fees include event materials, lunch, morning and afternoon tea. They do not include travel and accommodation costs.</i>	
<b>Please note:</b> The IOE issues invoices only for short courses. Please follow the payment instructions on the invoice.	
<b>YOU MAY REQUIRE A PURCHASE ORDER NUMBER. IF YOUR EMPLOYER IS PAYING THE INVOICE, PLEASE CHECK BEFORE SENDING YOUR APPLICATION FORM.</b>	<b>PO NO:</b>
Invoice address and contact telephone number. (if different from Section A)	
<b>Deadlines and Refunds:</b> Places are limited and early completion of this form is recommended. By submitting this form, whether by post or email, you are committing to attending. Refunds for cancellation are as follows: Full refund for cancellation one month before the course. <b><u>No refunds or transfer of place can be made for cancellations after this date.</u></b>	
<b>Section G – Disability Related Requirements</b>	
Do you have any disability which may require special arrangement of facilities (please give details):	
<b>Section H – Dietary Requirements</b>	
Do you have any special dietary or other requirements:	