



COURSE APPLICATION FORM PART 1

Please complete all 3 parts of the application form and email to info@cnelm.ac.uk or post to Data Administrator - address detailed below

FIRST NAME(S)	LAST NAME
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PERSONAL DETAILS

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

POSTCODE

MAY WE CONTACT YOU AT WORK YES NO	EMERGENCY CONTACT DETAILS <small>Please provide Name, relationship and phone number</small>
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Country of Birth:

Nationality/Citizenship (please state all if dual or more):

All applicants must provide a copy of their passport, including those within the UK and European Economic area.

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 authorise 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 info@cnelm.ac.uk

CNELM as a UK Company operates under the Data Protection Act 2018 and is compliant with the UK's General Data Protection Regulations 2018 (GDPR). If you wish to review our Privacy Policy please [CLICK HERE](#). Please return your Completed Application Form to: info@cnelm.ac.uk. Access to this email account is restricted to staff involved in the recruitment process only. If you wish to return your Application Form by post please send to our postal address for the attention of the Centre Administrator. As your Application documents may contain sensitive information we recommend that if sending by postal services you use special signed-for delivery. Address: CNELM, PO Box 3739, Wokingham, Berkshire, RG40 9UA

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DATA PROTECTION ACT 2018

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 2018 and in compliance with the UK General Data Protection Regulation (GDPR) 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 courses you will be asked to sign this section on application. You can opt to sign this document on application.

If signing as part of your application then by entering your name in the box below you are effectively providing your e-signature. This is accepted legally for the purpose of signing this Application form and could be used in a court of law where there is high confidence that the person entering their name below is the actual person/s authorised to sign as your CNELM email contact verifies your individual access to this document.

Signed Declaration:

Applicant Name:

DATE:

COURSE APPLICATION FORM PART 2

FIRST NAME(S)	LAST NAME
COURSE/S APPLIED FOR: Please tick below	

BSc Hons Nutritional Nutritional Science (BSc)	MSc in Personalised Nutrition (MSc)	Postgraduate Diploma in Personalised Nutrition (PG Dip)	CNELM Personalised Nutrition Practice Diploma (PNPD)
Dietary Educator Certificate		Undergraduate Bioscience Entry Course (BEC)	Postgraduate Bioscience Entry Course (BEC)
NLP Practitioner Certificate	Why Weight Practitioner	Advanced Learner Entry (ALE)	Return to Practice Programme (RTP)

PRESENT EMPLOYMENT OR MOST RECENT EMPLOYMENT

EMPLOYERS NAME AND ADDRESS		
POSTCODE		
POST TITLE	START DATE	LEAVING DATE
MAIN DUTIES		

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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)

Confirmation of an offer of a place on one of the Centre's courses is subject to demonstrating evidence of prior qualifications, if applicable

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

ADDITIONAL INFORMATION

(Degree courses are 100% distance learning)

DO YOU HAVE COMPUTER ACCESS AT HOME?	YES	NO
DO YOU HAVE BROADBAND ACCESS AT HOME? <small>(recommended minimum speed of 6 MB/s)</small>	YES	NO
IS ENGLISH YOUR FIRST LANGUAGE?	YES	NO
IF NO TO ABOVE, DO YOU HAVE A PROFICIENCY IN ENGLISH CERTIFICATE? OR	YES	NO
DO YOU HAVE EVIDENCE OF HAVING STUDIED A COURSE IN THE ENGLISH LANGUAGE	YES	NO
DO YOU HAVE ANY HEALTH ISSUES THAT WE SHOULD BE AWARE OF FROM A SAFETY VIEWPOINT? e.g. allergy, diabetes, epilepsy, MS, visual impairment	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		
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 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

NAME OF REFEREE	NAME OF REFEREE (ACADEMIC REFERENCE)*
NAME AND ADDRESS OF ORGANISATION	NAME AND ADDRESS OF ORGANISATION
POSTCODE	POSTCODE
TELEPHONE	TELEPHONE
EMAIL	EMAIL

If you are applying for a degree programme, 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** IF DISCLOSURE INFORMATION IS TO BE SOUGHT FROM THE CRIMINAL RECORDS BUREAU APPLICANTS WILL BE NOTIFIED SEPARATELY
- 4** ONLINE INTERVIEWS CAN BE ARRANGED VIA ZOOM AND USE OF WEBCAM.
- 5** TO FIND OUT MORE ABOUT OUR COURSES YOU CAN JOIN US FOR AN ONLINE OPEN DAY - VISIT OUR WEBSITE FOR FUTURE DATES
- 6** APPLICANTS APPLYING FOR CONTINUING PROFESSIONAL DEVELOPMENT (CPD) OR BIOSCIENCE ENTRY COURSES FOR ENTRY TO COURSES WITH OTHER TRAINING INSTITUTIONS CAN COMPLETE OUR SHORT COURSES APPLICATION FORM. CPD APPLICANTS DO NOT REQUIRE AN INTERVIEW.

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.

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Updated: 16/01/2024

COURSE APPLICATION FORM PART 3

FIRST NAME/s	LAST NAME
COURSE/S APPLIED FOR: Please tick below	

BSc Hons Nutritional Nutritional Science (BSc)	MSc in Personalised Nutrition (MSc)	Postgraduate Diploma in Personalised Nutrition (PG Dip)	CNELM Personalised Nutrition Practice Diploma (PNPD)
Dietary Educator Certificate		Undergraduate Bioscience Entry Course (BEC)	Postgraduate Bioscience Entry Course (BEC)
NLP Practitioner Certificate	Why Weight Practitioner	Advanced Learner Entry (ALE)	Return to Practice Programme (RTP)

MONITORING INFORMATION			
<i>Please tick as appropriate in boxes below</i>			
YOUR GENDER IDENTITY IS	Male	Female	Other (please specify)
DATE OF BIRTH (Day/Month/Year)			
<p>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. Applicants can request a copy of CNELM's Recruitment & Disability Policy by emailing info@cnelm.ac.uk. The information you submit will be used to help CNELM provide appropriate support. Please tick all that apply.</p>			
No Disability	Learning Support Need	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:			

PERSONAL IDENTITY	
Please comment below how you would describe your identity in terms of Race, Ethnicity/Nationality (see examples below)	
RACE	ETHNICITY / NATIONALITY
Examples:	
<i>White</i> <i>Black</i> <i>Asian</i> <i>Asian</i> <i>Native Indigenous American</i>	<i>English</i> <i>English</i> <i>English/Pakistan</i> <i>Chinese</i> <i>American</i>

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

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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 2018 & THE EQUALITY ACT 2010

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 Equalities Panel 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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Please return your completed application form to: info@cnelm.ac.uk

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

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 DBS clearance check at your own cost:

DECLARATION

I declare that the information contained on this declaration is correct

Applicant Name:

DATE

If you are invited for a course interview or have been interviewed you will be asked to sign this form

By entering your name in the box below you are effectively providing your e-signature. This is accepted legally for the purpose of signing this Application form and could be used in a court of law where there is high confidence that the person entering their name below is the actual person/s authorised to sign as your CNELM email contact verifies your individual access to this document.

By signing this Application form I confirm that the information I have provided is accurate at the time of signing

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