UNIVERSITY OF PRETORIA

FACULTY OF EDUCATION

**SELECTION FORM 2021**

**BEd Hons (Educational Psychology)**

**09240092**

**PLEASE SUBMIT YOUR COMPLETE APPLICATION TO**

**STUDENT ADMINISTRATION OF THE FACULTY OF EDUCATION,**

**GROENKLOOF CAMPUS BEFORE OR ON 31 AUGUST 2020**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| UP student no: |  |  |  |  |  |  |  |  | ID number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. | Name: |  |
|  | (Title, first name (s) and surname) | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2. | Postal address: |  | 3. | Work address: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Postal code |  |  | Postal code |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. | Tel. (home): |  | (work): |  |
|  | Cell phone: |  | Fax: |  |
|  |  |  |
|  | E mail: |  |

**(Departmental communication will only take place via e-mail. The Department cannot be held responsible for faulty or neglected email services)**

|  |  |  |  |
| --- | --- | --- | --- |
| 4. | Qualifications: | | |
| Degree | Year obtained | | Institution/University |
|  |  | |  |
|  |  | |  |
|  |  | |  |

5. Please list ALL of your **Psychology** and **Education** modules here **(please attach certified copies)**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Subject code | Subject name | Actual mark | Office use |
| SLK 1 / Psych 1 |  |  |  |  |
|  |  |  |  |  |
| SLK 2/ Psych 2 |  |  |  |  |
|  |  |  |  |  |
| SLK 3/ Psych 3 |  |  |  |  |
|  |  |  |  |  |
| EDU 1 |  |  |  |  |
|  |  |  |  |  |
| EDU 2 |  |  |  |  |
|  |  |  |  |  |
| EDU 3 |  |  |  |  |
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| --- | --- | --- | --- |
| **Please note: Certified copies of the above-mentioned qualifications as well as academic records must accompany this application. Please bring along the original documents if you personally submit the application. The Student Administration will certify the copies and you will immediately receive the original documents back.** | | | |
|  |  |  | |
| 6. | Present occupation: |  | |
| (e.g. teacher, head of department, principal, etc.) | | | |
| School/College/organisation: | |  | |
| Years of work experience: | |  |

7. Please note that this course will not allow for registration with the HPCSA due to changes in its structure and content since 2017. This implies that there will be no practical counselling and psychometric training involved in this programme since this course is no longer aimed at training professionals for registration in these professions. It will however still remain a prerequisite for MEd (Educational Psychology).

8. Motivate your interest in this course:

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9. What experience do you have that you believe can strengthen your application?

10. In your opinion, what is required to provide psychological support within an educative environment?

11. Please indicate your answer to the following questions:

Yes

No

11.1 Do you have your own transport?

11.2 Will you be able and willing to attend compulsory classes on Fridays from 15:00 until 18:15?

Yes

No

If not provide the reason(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. General information

12.1 Selection will take place in September 2020. The Department will communicate more information via e-mail

12.2 In 2021 lectures should be mostly presented on Fridays (15:00–18:15). The programme may however change in any given year. The programme will be provided to successful candidates.

12.3 The course may be done on a full-time (1 year) or part-time (2 years) basis. Please indicate your preference at this stage (final decision only after the selections)

#### Full-time

#### Part-time

13. Where did you hear of this course? ..........................................................................................................

Yes

No

14. Were you a registered student at the University of Pretoria during 2020?

If No,you had to submit a UP application.

Date of online application ……………………………………………………………………………………….

15. DECLARATION

I herewith declare that all the information supplied by me is true and correct.

Signature Date