

# MEd/PgDip Childhood Practice

# New applicant - Statement of eligibility for SSSC practitioner registration

*Please be sure to upload this document in the supporting documents section of the online application.*

APPLICANT NAME:

APPLICANT SSSC REGISTRATION NUMBER:

(if currently registered)

APPLICANT YEARS OF EXPERIENCE:

PRACTICE QUALIFICATION:

(if held)

Please note that you do not need a practice qualification to start studying for your PgDip in Childhood Practice, however you must complete this qualification during this period of study to receive your award. **You will not be able to graduate without providing evidence that you hold a relevant practitioner qualification.** If you do not have a practice qualification, please indicate what qualification you are undertaking below.

Practice qualification to be undertaken (if not already held):

Signature below indicates that you understand that this information is accurate and that you understand any practitioner qualification not already held must be completed before you will receive your award.

Applicant name:

Signed:

Date: