

Master's Degree Application Form | 2026 Entry

All completed forms should be returned to: Registry Department, Hereford College of Arts, Folly Lane, Hereford, HR1 1LT; emailed to registry@hca.ac.uk or handed in at the Folly Lane Reception. If you have any queries or difficulties when completing this form please contact the Registry Office on 01432 273359 or email registry@hca.ac.uk.

All correspondence with regards to this application will be sent by email. Please ensure that your email address is correct and you inform the Registry Department if any of your personal details on this form change.

PERSONAL DETAILS									
Legal Forename				Legal Surname			Preferred Forename		
Pronoun	He/ Him	She/ Her	Them/ They	Prefer not to say	Legal Sex	Male	Female		
Gender <small>Please indicate the gender you most identify with at this time</small>	Man		Woman		Another Term		Prefer not to say		
Address									
Postcode				Date of Birth					
Mobile Number				Personal Email Address					

MA COURSE APPLIED FOR <small>(please highlight relevant boxes)</small>				
Contemporary Crafts	Curating	Fine Art	Forged Metal Arts	Photography

EDUCATION & PROFESSIONAL QUALIFICATIONS				
Please ensure details of your highest qualification are listed first:				
Name & address of establishment (University/College etc)	From	To	Qualification/Title	Class of award/Grade

EMPLOYMENT

Employer & Job Title	Responsibilities	Dates – From & To

WORK EXPERIENCE

Organisation	Responsibilities	Dates – From & To

ETHNICITY

English/Welsh/Scottish/ Northern Irish/British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Gypsy or Irish Traveller	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Any other Mixed/multiple ethnic background	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Any other Black/African/Caribbean background	<input type="checkbox"/>	Arab	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>

Country of permanent address		Nationality	
------------------------------	--	-------------	--

Have you been resident in the UK for the last three years, prior to the start of your course?	YES	NO
---	-----	----

Where applicable, please confirm your date of entry to the UK (dd/mm/yyyy)	/	/
--	---	---

If you are an EU National, please confirm if you have one of the following:	Pre-settled Status	Settled Status
---	--------------------	----------------

Is English your first language?	YES	NO	If no , please state first language
---------------------------------	-----	----	--

DISABILITIES AND/OR HEALTH PROBLEMS AND/OR LEARNING DIFFICULTIES

If you consider yourself to have a disability and/or health problem and/or learning difficulty, please ensure that we know your requirements so that we can make all reasonable adjustments to help you succeed. The College is required to monitor the extent and effect of disabilities, health problems and/or learning difficulties.

Health Problem and/or Disability (*where starred, please give further details in the box below)

No disability/health problem

Visual impairment (not corrected by contact lenses/glasses)

Colour blindness

Hearing impairment

Disability affecting mobility*

Other physical disability*

Mental health difficulty*

Depression

Social & emotional difficulties*

Allergies*

Other*

Asthma

Back, joint or bone conditions*

Diabetes

Epilepsy or other fits

Heart Disease

Myalgic Encephalopathy (M.E)

Down's Syndrome

Temporary disability after illness or accident

Profound/complex disabilities*

Learning Difficulties (*where starred, please give further details in the box below)

No learning difficulties

Moderate learning difficulties

Severe learning difficulties

Dyslexia

Dyscalculia

Other specific learning difficulties*

Speech, language and communication needs

Autism spectrum disorder

Other*

Are you currently taking any medication or receiving medical treatment?

YES

NO

Please give further details of disabilities and/or health problems and/or learning difficulties and medication:

CONTEXTUAL DATA					
Are you estranged from your parents?	YES	NO	Have you ever been eligible for Free School Meals?	YES	NO
Are you in Local Authority care, a care leaver or living with foster parents?	YES	NO	Do you have caring responsibilities?	YES	NO
Do you have parenting responsibilities?	YES	NO	Have your parents/guardians studied any Higher Education in the UK?	YES	NO
Do you or your family have a social worker or support worker?	YES	NO	Have you served in the armed forces?	YES	NO
Do you have a Parent/Guardian who currently or previously served in the armed forces?			YES (Current)	YES (Veteran)	NO

REFERENCES		
Please give details of two referees who have known your work professionally or academically. PLEASE NOTE: it is your responsibility to arrange for your first referee to complete the enclosed reference form (back page of this form) and return it to the Registry Department, Hereford College of Arts. We will contact your second referee if necessary.		
	Referee One	Referee Two
Name		
Position		
Organisation		
Address & Postcode		
Telephone		
Email		
Relationship to you		

DECLARATION – Hereford College of Arts
I certify that the information I have provided is correct. I agree to Hereford College of Arts using the personal data contained on this form or any other data obtained from me or other people for any purpose connected with my studies; health & safety, and for any other legitimate purpose or legal requirement under the General Data Protection Regulation (Regulation (EU) 2016/679) and the Data Protection Act 2018

Signature (applicant)	Date
-----------------------	------

All completed forms should be returned to: Registry Department, Hereford College of Arts, Folly Lane, Hereford, HR1 1LT; Alternatively, please email the form to registry@hca.ac.uk; or hand it in to reception at our Folly Lane Campus.

STUDY PROPOSAL

Details of Proposal: Please provide a written statement of approximately 500 words, describing your current creative practice and the study proposal you intend to pursue if accepted onto the course. Describe how you think you will develop a self-directed programme of practice and related research. Please continue on a separate sheet if you require more space.

Study Proposal: Starting points

- What ideas, themes and processes have you been interested in to date within your practice?
- What do you want to explore, develop and achieve on the MA (you may have a particular focus or direction in mind or a research issue, theme, idea, process, skills etc that you want to study...)
- Are there key artists, designers, makers, genres, movements, ideologies, theories that act as reference points to your work or thinking?

A personal reference is required for all applications to the College. The reference should be completed by someone who has known you for a minimum of two years and is not a relation. If you are currently at College/University you should supply an academic reference.

Referee - please write a reference in the space provided below (please continue overleaf if you require more space). You might like to consider including some, or all of the following points:

- Attitude, motivation, reliability and commitment
- Your opinion on the applicant's suitability for the course
- Achievements and positions of responsibility (particularly those relating to the course for which they are applying)
- Related skills such as work experience or voluntary work

All completed reference forms should be returned to: Registry, Hereford College of Arts, Folly Lane, Hereford, HR1 1LT; scanned and emailed through to registry@hca.ac.uk or handed in at the main Folly Lane Reception. If you require any assistance filling in the form, please contact 01432 273359 or email registry@hca.ac.uk.

Name of Applicant		Course Applied For	
Name of Referee		Position	
Company/School/College		Telephone	
Email Address			
Referee Signature		Date	