

Learning Beyond Registration Undergraduate Combined Application and Enrolment Form 2012-2013

This form can only be used to apply for the modules you wish to study within the academic year 2012 - 2013 within the East Midlands Strategic Health Authority (EMSHA) Learning Beyond Registration (LBR) contract 2012 - 2013. A full list of available modules and their dates and times can be found at: www.dmu.ac.uk/lbr

Payment

You must clearly identify on page 11-12 who will be paying for your chosen module(s)/programme.

If the cost is to be covered by the EMSHA you will need to have this confirmed by obtaining authorisation from an EMSHA signatory. Only certain designated individuals have the authority to sanction funding. The full list of authorised signatories can be found at: <http://www.dmu.ac.uk/faculties/hls/nursingmidwifery/lbr/trusteducleads.jsp>

Applicants from the outside the EMSHA should attach a letter identifying who is to be invoiced.

Failure to do this or to identify another source of payment may result in your form being returned or with you being invoiced personally for the cost of the modules.

Submitting the completed form

Please write clearly in capital letters

All sections of the combined application and enrolment form **must** be completed. The form will be returned if any section is incomplete. This will delay the processing of the form and may affect the allocation of a place. All pages of the form must be returned in numerical order and be **securely stapled**.

All applicants MUST include with this form photocopies of educational and professional qualification certificates (please see page 6).

Please remember to make a note of the modules you wish to study before you send in your application form.

New applicants only: Please also include **two** passport photographs with your name and date of birth written in capitals on the back. Secure these to your form.

Closing date for applications:

Semester 1 Friday 24 August 2012

Semester 2 Friday 4 January 2013

Semester X Friday 10 May 2013

Please return the completed form to:

LBR Administrator
Promotion and Recruitment Team
De Montfort University
Edith Murphy House, Room EM0.23
The Gateway
Leicester
LE1 9BH
Tel: 0116 257 7700

If you have any questions please contact the LBR admissions team: lbradmissions@dmu.ac.uk

The LBR admissions team will write to confirm your offer of a place.

PLEASE COMPLETE ALL THE FIELDS

Programme Code

Programme Title

Personal Details

| | | | | | | | | | | | | | | | | |
|--|----|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|----------------------|---|----------------------|
| Profession (please tick one) | | Nurse | <input type="checkbox"/> | Midwife | <input type="checkbox"/> | Allied Health Professional | | | <input type="checkbox"/> | | | | | | | |
| NMC/HPC PIN Professional Number | | | | | | | | | | | | | | | | |
| Title | Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Miss | <input type="checkbox"/> | Ms | <input type="checkbox"/> | Other (please specify) | | | | | | | |
| Surname | | | | | | | Forename/s | | | | | | | | | |
| Previous Surname | | | | | | | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | | | | | | |
| Date of Birth | D | <input type="text"/> | D | <input type="text"/> | M | <input type="text"/> | M | <input type="text"/> | Y | <input type="text"/> | Y | <input type="text"/> | Y | <input type="text"/> | Y | <input type="text"/> |
| Home Address | | | | | | | | | | | | | | | | |
| Is this also your term time address? | | | | | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | |
| Postcode | | | | | | | Home Tel | | | | | | | | | |
| Mobile No | | | | | | | Work Tel | | | | | | | | | |
| Home email | | | | | | | Work email | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-------------------|----------------------|------|----------------------|---|----------------------|---|----------------------|---|----------------------|---|----------------------|-----------|--------------------------|-----------|--------------------------|
| Start Date: Month | <input type="text"/> | Year | <input type="text"/> | Y | <input type="text"/> | Full time | <input type="checkbox"/> | Part Time | <input type="checkbox"/> |
|-------------------|----------------------|------|----------------------|---|----------------------|---|----------------------|---|----------------------|---|----------------------|-----------|--------------------------|-----------|--------------------------|

| | | | | |
|--|-----|--------------------------|--------------------|--------------------------|
| Have you previously studied at DMU Post Reg | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you previously studied at DMU Pre reg | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, what is your previous student no. | P | <input type="text"/> | Unique Learner No. | <input type="text"/> |
| <i>Office use only new student number allocated:</i> | | | | |
| <input type="text"/> | | | | |

If you have changed your name please provide a copy of the relevant documents e.g. marriage certificate or deed of name change etc

Emergency contact

Please enter the name and number of the person to contact in an emergency. The University will inform your emergency contact if your well-being is threatened and you are unable to give instructions.

| | |
|---------------------|----------------------|
| Name | <input type="text"/> |
| Contact Telephone | <input type="text"/> |
| Relationship to you | <input type="text"/> |

Type of Accommodation (please tick one)

| | | | | | |
|--------------------|--------------------------|------------------------|--------------------------|----------------------|--------------------------|
| Own home | <input type="checkbox"/> | Privately Rented | <input type="checkbox"/> | Parent/Guardian home | <input type="checkbox"/> |
| Halls of Residence | <input type="checkbox"/> | Other (please specify) | | | |

Council Tax Authority (please tick one)

| | | | | | |
|-----------|--------------------------|------------|--------------------------|-----------------------|--------------------------|
| Leicester | <input type="checkbox"/> | Blaby | <input type="checkbox"/> | Oadby & Wigston | <input type="checkbox"/> |
| Charnwood | <input type="checkbox"/> | Harborough | <input type="checkbox"/> | Other please specify: | |

Disability/Medical Conditions (please tick if applicable)

| | | | |
|---|--------------------------|--|--------------------------|
| Asthma | <input type="checkbox"/> | Deaf/Hearing Impairment | <input type="checkbox"/> |
| Wheelchair user / mobility problems | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Dyslexia/Specific Learning Difficulties | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> |
| Blind/Partially Sighted | <input type="checkbox"/> | Personal Care Support | <input type="checkbox"/> |
| Mental Health Difficulties | <input type="checkbox"/> | Chronic Fatigue Syndrome | <input type="checkbox"/> |
| Repetitive Strain Injury | <input type="checkbox"/> | Non-Listed Disability, please state below: | <input type="checkbox"/> |
| Autistic Spectrum Disorder/ Asperger's Syndrome | <input type="checkbox"/> | | |

Are you currently receiving disability allowance?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If you need more advice about how to apply for the Disabled Student Allowance (DSA) then please contact the Disability Advice and Support on 0116 257 7595

County of Normal Residence (please tick one)

| | | | | | | | | | |
|--------------------|--------------------------|----------|--------------------------|----------|--------------------------|-----------|--------------------------|--------------|--------------------------|
| England | <input type="checkbox"/> | Scotland | <input type="checkbox"/> | Wales | <input type="checkbox"/> | N.Ireland | <input type="checkbox"/> | Ireland | <input type="checkbox"/> |
| France | <input type="checkbox"/> | Poland | <input type="checkbox"/> | Germany | <input type="checkbox"/> | Denmark | <input type="checkbox"/> | China | <input type="checkbox"/> |
| Hong Kong | <input type="checkbox"/> | Pakistan | <input type="checkbox"/> | India | <input type="checkbox"/> | Taiwan | <input type="checkbox"/> | Saudi Arabia | <input type="checkbox"/> |
| Nigeria | <input type="checkbox"/> | Libya | <input type="checkbox"/> | Thailand | <input type="checkbox"/> | USA | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other please state | | | | | | | | | |

Nationality i.e. what is on your passport (please tick one)

| | | | | | | | | | |
|--------------------|--------------------------|----------|--------------------------|---------------|--------------------------|-----------|--------------------------|------------|--------------------------|
| British | <input type="checkbox"/> | Irish | <input type="checkbox"/> | French | <input type="checkbox"/> | German | <input type="checkbox"/> | Portuguese | <input type="checkbox"/> |
| Polish | <input type="checkbox"/> | Dutch | <input type="checkbox"/> | Greek | <input type="checkbox"/> | Cypriot | <input type="checkbox"/> | Libyan | <input type="checkbox"/> |
| Ghanaian | <input type="checkbox"/> | Nigerian | <input type="checkbox"/> | Saudi Arabian | <input type="checkbox"/> | Taiwanese | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Zimbabwean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Indian | <input type="checkbox"/> | American | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other please state | | | | | | | | | |

Ethnic Origin (please tick one)

| | | | | | |
|--------------------------------------|--------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|
| Asian or Asian British – Bangladeshi | <input type="checkbox"/> | Asian or Asian British – Indian | <input type="checkbox"/> | Asian or Asian British – Pakistani | <input type="checkbox"/> |
| Black or Black British – African | <input type="checkbox"/> | Black or Black British – Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Mixed – White and Asian | <input type="checkbox"/> | Mixed – White and Black African | <input type="checkbox"/> | Mixed – White & Black Caribbean | <input type="checkbox"/> |
| Other Asian Background | <input type="checkbox"/> | Other Black Background | <input type="checkbox"/> | Other Ethnic Background | <input type="checkbox"/> |
| Other Mixed Background | <input type="checkbox"/> | Other White Background | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> |
| White – Irish | <input type="checkbox"/> | White – Scottish | <input type="checkbox"/> | White – Welsh | <input type="checkbox"/> |
| White – English | <input type="checkbox"/> | White – Northern Irish | <input type="checkbox"/> | Information Refused | <input type="checkbox"/> |
| Not known | <input type="checkbox"/> | Other please state: | | | |

Occupation

If you are under 21, please enter the occupation of your highest paid parent or guardian in A, or if you are over 21 please enter your current or previous occupation in B

| | |
|---------------|--|
| A) Under 21 | |
| B) 21 or Over | |

Previous Higher Educational Experience

Do any of your parents or guardians have any higher education (HE) qualifications i.e. degree, diploma, or certificate of HE? (please tick one)

| | | | | | | | |
|-----|--------------------------|----|--------------------------|------------|--------------------------|---------------------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> | Information refused | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|------------|--------------------------|---------------------|--------------------------|

Have you ever been on a Higher Education course in the UK for 6 months or more. E.g. HNC, BA, BSc?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Where did you gain your professional registration qualification?

| |
|--|
| |
|--|

Relevant Professional experience

Please give details of your relevant professional experience (most recent first) over the last 5 years.

| Post Held | Type of practice area eg surgery, medicine, community etc | From (yyyy) | To (yyyy) |
|-----------|---|-------------|-----------|
| | | | |

Where do you work now? Specific name of ward, unit department

| |
|--|
| |
|--|

Full address of work place and contact telephone number and email

| |
|--|
| |
|--|

Identify all the qualifications you have below with a tick

| Level 8 | Level 3 |
|---|---|
| UK Doctorate degree (PhD) | Mixed level 3 quals subject to UCAS tariff points |
| EU Doctorate degree | Mixed level 3 quals not subject to UCAS tariff points |
| Overseas Non-EU Doctorate degree | BTEC Diploma at level 3 |
| Level 7 – previously described as level 5 | BTEC Certificate at level 3 |
| UK Masters degree | BTEC Award at level 3 |
| EU Masters degree | AQA Baccalaureate (Bacc) |
| Overseas Non-EU Masters degree | A/AS Level |
| Taught work at level 7 for insitutional credit | EU A/AS Level equivalent |
| Integrated UG/PG taught Masters degree | Overseas, Non-EU A/AS Level equivalent |
| PG Diploma at Level 7 | 14-19 Advanced Diploma (level 3) |
| PG Certificate at Level 7 | Scottish Highers |
| PG Cert or Prof Graduate Diploma in Education | Scottish Baccalaureate |
| Other taught Qualification at Level 7 | International Baccalaureate (IB) Diploma |
| Qual leading to Registration with Architects Reg Board | International Baccalaureate (IB) Certificate |
| Professional Qualifications at PG level (ACCA/CIMA) | Cambridge Pre-U Diploma |
| Level 6 – previously described as level 3 | Cambridge Pre-U Certificate |
| UK Bachelors degree with honours | Welsh Baccalaureate Advanced Diploma (level 3) |
| EU Degree | Other Qualifications at level 3 (ie.NVQ, GNVQ) |
| Overseas Non-EU degree | BTEC National Diploma (incl Early Years) (level 3) |
| Degree with honours leading to QTS status | BTEC National Certificate (level 3) |
| Professional qualifications at UG level | BTEC National Award (level 3) |
| Professional Graduate Certificate in Education | Level 2 |
| Other qualification at level 6 | 14-19 Higher Diploma (level 2) |
| | Welsh Baccalaureate Intermediate Diploma (level 2) |
| Level 5 – previously described as level 2 | GCSE/O Level |
| UK ordinary (non-honours) degree | Scottish grades and standard grades |
| EU ordinary (non-honours) degree | Other qualifications at level 2 (ie. NVQ,GNVQ intermediate) |
| Overseas Non-EU ordinary (non-honours) degree | BTEC First Diploma (level 2) |
| Foundation degree | BTEC First Certificate (level 2) |
| Diploma of Higher Education (DipHE) eg RGN | BTEC First Award (level 2) |
| Higher National Diploma | Level 1 |
| Foundation course at level 5 | 14 - 19 Foundation Diploma (level 1) |
| Certificates/Diploma in Education (Non-graduate ITT) | Welsh Baccalaureate Foundation Diploma (level 1) |
| Other qaulifications at level 5 (ie. NVQ, BTEC,ACCA/CIMA) | Other Qualification at level 1 |
| Level 4 | Other |
| Certificate of Higher Education (CertHE) eg. SRN | Higher Education (HE) Access Course QAA recognised |
| Higher National Certificate (HNC) | Higher Education (HE) Access Course not QAA recognised |
| Higher Apprenticeship (level 4) | Previous experience and/or Admissions Test |
| Other Qualification at Level 4 (ie. NVQ,SQA,UCPD) | Other Qualification level not known |
| Undergraduate Credits | No formal Qualification |
| | Accreditation of prior (experiential) Learning (APEL/APL) |

General Guidance to levels:

Level 1 and 2 - usually taken in secondary educations (UK school)

Level 3 - usually taken in further education (FE college)

Level 4,5 and 6 - usually taken in higher education (University at undergraduate level)

Level 7 and 8 - usually taken in higher education (University at postgraduate level)

Previous Educational Institution including DMU if applicable

| | | | | | | | | | | |
|---------------------|-----------|---|---|---|---|---|---|---|---|--|
| Name of Institution | | | | | | | | | | |
| Address | | | | | | | | | | |
| Postcode | Date left | D | D | M | M | Y | Y | Y | Y | |

Workplace

Please identify your Trust or employer, e.g. University Hospitals of Leicester (please tick one)

Acute Trusts

| | | | |
|---|--|--|--|
| Chesterfield Royal Hospital NHS Foundation Trust RFS | | Nottingham University Hospitals Trust RX1 | |
| Derby Hospitals NHS Foundation Trust RTG | | Sherwood Forest Hospitals NHA Trust RK5 | |
| Kettering General Hospital NHS Trust RNQ | | United Lincolnshire Hospitals NHS Trust RWD | |
| Northampton General Hospital NHS Trust RNS | | University Hospitals of Leicester NHS Trust RWE | |

Primary Care Trusts

| | | | |
|--|--|--|--|
| Bassetlaw PCT 5ET | | Lincolnshire PCT 5N9 | |
| Derby City PCT 5N7 | | Northampton PCT 5PD | |
| Derbyshire County PCT 5N6 | | Nottinghamshire County Teaching PCT 5N8 | |
| Leicester City PCT 5EJ | | Nottingham City PCT 5EM | |
| Leicestershire County and Rutland PCT 5PA | | | |

Mental Health and Learning Disability Trusts

| | | | |
|--|--|--|--|
| Derbyshire Mental Health Services NHS Trust RXM | | Northamptonshire Healthcare NHS Trust RP1 | |
| Leicestershire Partnership NHS Trust RT5 | | Northamptonshire Healthcare NHS Trust RP1 | |
| Lincolnshire Partnership NHS Trust RP7 | | | |

Other

| | | | |
|--|--|----------------------------|--|
| East Midlands Ambulance Service NHS Trust RV6 | | Other NHS – please specify | |
| Not an NHS Employee 001 | | | |

Programme Details

Please find below a table which shows the requirements for each programme available. Find your intended award title on the left and read across to identify specific requirements for that award. Please ensure you meet these.

Please note that if you already possess a nursing degree associated with your initial professional registration you CANNOT apply to undertake a further undergraduate degree. On accumulation of 120 degree level credits, such students will be awarded a Graduate Diploma in their chosen programme. On accumulation of 60 credits, such candidates may be able to exit their programme with a Graduate Certificate.

| Requirements for Programme | | | | | | |
|--|--------|--|--|--------|---|-----------------------|
| Programme Title | code | 120 credits at level 4 and at least 2 years experience | 120 credits at level 4 & 5 with at least 1 year experience or 30 credits at level 5 and 3 years experience | Mentor | Sign off mentor as per NMC (2008) standards | Effective NMC HPC PIN |
| Return to study | B70049 | ✓ | | ✓ | | ✓ |
| BSc Health and Professional Practice | B70051 | | ✓ | ✓ | | ✓ |
| Graduate Certificate in Health and Professional Practice | B70051 | | ✓ | ✓ | | ✓ |
| BSc (Hons) Health and Professional Practice | B70051 | | ✓ | ✓ | | ✓ |
| Graduate Diploma in Health and Professional Practice | B70051 | | ✓ | ✓ | | ✓ |
| BSc Clinical Midwifery | B72041 | | ✓ | ✓ | | ✓ |
| BSc (Hons) Clinical Midwifery | B72041 | | ✓ | ✓ | | ✓ |
| Stand-alone Modules | B90051 | | ✓ | ✓ | | ✓ |

If you require further information please go to the web site www.dmu.ac.uk/lbr or contact the following :

| Programme code | Programme title | Contact |
|----------------|--|--|
| B70049 | Return to study | Julian Stribling E: jstribling@dmu.ac.uk T: 0116 201 3921 |
| B90051 | Stand-Alone Modules | Helen McVeigh E: hmcveigh@dmu.ac.uk T: 0116 201 3889 |
| B70051 | HAPP BSc (Hons) / BSc /Graduate Certificate / Graduate Diploma | Helen McVeigh E: hmcveigh@dmu.ac.uk T: 0116 201 3889 |
| B72041 | BSc (Hons) Clinical Midwifery | Bernie Gregory E: bbryant@dmu.ac.uk T: 0116 201 7847 |
| B70N XXX | Specialist Nursing Practice Programmes SNHP | Carol Greenway E: cgreenway@dmu.ac.uk T: 0116 201 3849 |
| | LBR Admissions Tutor | Theresa Jackson E: tjackson@dmu.ac.uk T:0116 201 3862 |

Programme Details

Please refer to the table on page 8 and enter the Programme you wish to study/are already studying

| | | | | | | | |
|---------------------------|--|----------|--|---------------------|--|---------|--|
| Programme Title | | | | | | | |
| Award Aim e.g. BSc (Hons) | | | | | | | |
| BSc | | BSc Hons | | Graduate Cert / Dip | | Credits | |

I hold current professional registration on the professional register which is valid.

The information I have given on this form is correct. I understand that any false information given on this form may invalidate any subsequent offer.

Please sign to indicate that you have met all the entry criteria for your studies:

| | | | | | | | | | |
|----------------|--|------|--|--|--|--|--|--|--|
| Your Signature | | Date | | | | | | | |
|----------------|--|------|--|--|--|--|--|--|--|

Module Details

Please enter the module(s) you wish to study:

| Module Code e.g. NMAH 3352 | Module Title Mentorship in clinical Health Care | Credits e.g. 15 | Semester please specify the semester you wish to study in according to the module's availability | | | |
|----------------------------|--|-----------------|---|--|---|---|
| | | | 1 | | 2 | X |
| | | | 1 | | 2 | X |
| | | | 1 | | 2 | X |
| | | | 1 | | 2 | X |
| | | | 1 | | 2 | X |
| | | | 1 | | 2 | X |

If you wish to study NMAH 3352 Mentorship in Clinical Healthcare only please indicate when and how you wish to study.

| | | | |
|------------|--------------------------|--|------------------------|
| Semester 1 | 10 weeks theory delivery | | 3 days theory delivery |
| Semester 2 | 10 weeks theory delivery | | 3 days theory delivery |
| Semester X | | | 3 days theory delivery |
| | | | |

Data Protection Act Statement & Student Declaration

I understand that by signing this form I am agreeing to be liable for all tuition fees incurred over the duration of my programme of study, in whole or in part, and that if I or my sponsor fail to pay my tuition fees in a timely manner that DMU reserves the right to terminate my studies. I understand that De Montfort University reserves the right to prosecute me in order to recover any debt.

In accordance with the Data Protection Act 1998 the University requires your consent to collect and use personal information.

I agree to De Montfort University processing personal data contained in this form or other data which the University may obtain from time to time from me or other people whilst I am a student as documented in the section on Protecting Data included in my Student Handbook. I agree to the processing including sharing with partner organisations of such data for any legitimate purpose connected with my studies, including placements or my health and safety.

The Learning Records Service (LRS) offers a service to allocate Unique Learner Numbers (ULNs) to students. The ULN enables individuals to access a Learner Record which will offer learners the facility to access their participation and achievement data via a website and to share this with other organisations and individuals where permission is granted.

The LRS service will allow those organisations listed on section 537A of the Education Act to use the ULN as a key to sharing participation and achievement data in a consistent and approved manner, promoting good information management practice. All organisations that will have access to the information you provide are registered under the Data Protection Act 1998. At no time will your personal information be passed to organisations for marketing or sales purposes.

Individuals can opt out of sharing participation and achievement data with those organisations listed in section 537A of the Education Act by ticking this box.

More information about opting out or data sharing can be found at www.miap.gov.uk (FAQs) or by telephoning the LRS Learner helpdesk on 08702 401 453.

I declare that the information contained in this form is correct and understand if I have knowingly given false information I may be excluded from De Montfort University. I agree to abide by the University's regulations. I understand that the programme for which I am enrolling is subject to availability.

| | | | | | | | | | | |
|------------------------|--|------|---|---|---|---|---|---|---|---|
| Signed by Applicant | | Date | D | D | M | M | Y | Y | Y | Y |
|------------------------|--|------|---|---|---|---|---|---|---|---|

Managerial Support - To be completed by your line manager

“The applicant has the relevant current professional registration and, if appropriate, CRB clearance. This applicant has the appropriate experience and knowledge to undertake the identified modules(s)/programme. I support the application and will provide a professional mentor/sign off mentor/practice teacher to oversee the applicant’s practice associated with the module(s).”

(PLEASE COMPLETE IN BLOCK CAPITALS DIRECT LINE MANAGER DETAILS)

| | |
|---------------------|---------|
| Name | Address |
| Position | |
| Signature | |
| Trust/Practice area | Tel No |
| Date | |

Funding – To be completed by the person authorised to provide funding for the applicant you must complete one of the following sections (in block capitals) to indicate the source of funding for your chosen modules. Failing to do this will result in the application not be processed:

Applicants funded through the East Midlands Strategic Health Authority (EMSHA)

Please pass the entire application form to the authorised EMSHA signatory for your Directorate, Trust or PCT who will complete this section and send the form to DMU.

For UHL staff this will be the Assistant Director of Nursing.

| | |
|---------------------|---------|
| Name | Address |
| Position | |
| Signature | |
| Trust/Practice area | Tel No |
| Date | |

Applicants who are being funded by a sponsor

This section should be completed by the person/organisation body who will be meeting the cost of your modules. Please arrange for a letter confirming funding to be returned with this form.

| | |
|---------------------|---------|
| Name | Address |
| Position | |
| Signature | |
| Trust/Practice area | Tel No |
| Date | |

| Applicants who are self-funding | |
|--|---------|
| Please confirm that you are the person to be invoiced for the cost of the modules by completing the following section. | |
| Name | Address |
| Position | |
| Signature | |
| Trust/Practice area | Tel No |
| Date | |

ALL APPLICANT CHECKLIST

Before submitting this form, please ensure all sections have been completed:

| | |
|--|--|
| Have you answered ALL the questions? | |
| Have you clearly identified the programme and module you wish to study on page 9? | |
| Have you included copies of your educational and professional certificates as per requirements on page 6? | |
| Have you signed to confirm that you meet the entry requirements for your chosen Programme on page 9? | |
| Have you clearly identified the Modules you wish to study on page 9? | |
| Have you taken a copy of the completed form for your own reference? | |
| Copies of educational/professional certificates as per page 6 <ul style="list-style-type: none"> • Current NMC/HPC pin card • Educational/Professional qualification certificates • Evidence of HE diploma levels study (Not required for the return to study, module) | |
| If your name has changed please provide a copy of the relevant documents eg marriage certificate or Deed of name change etc. As per page 2 | |
| Have you included 2 passport sized photographs and written your name in capitals on the back with your date of birth? Only required if you are a new applicant or wish to submit a more up to date photograph for your ID card as per page 1. | |