

Learning Beyond Registration Non-Medical Prescribing Modules Application and Enrolment Form 2011 - 2012

This form can only be used to apply for the non-medical prescribing modules you wish to study within the academic year 2011 - 2012 within the East Midlands Strategic Health Authority (EMSHA) Learning Beyond Registration (LBR) contract 2011-2012. 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 21-22 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>

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:

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 photo copies 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 dates:

Please return the completed form for
semester 1 modules by 9 September 2011 and for
semester 2 modules 2 December
Semester X modules March 26 2012

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	

Have you previously studied at DMU before Post reg	Yes		No	
Have you previously studied at DMU before Pre reg	Yes		No	
If yes, what is your previous student no.	P		Unique Learner No.	
Office use only new student number allocated:				

Start Date: Month		Year	Y	Y	Y	Y	Full time		Part Time	
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Personal Details

Profession (please tick one)		Nurse		Midwife		Allied Health Professional			
NMC/HPC PIN									
Title	Mr		Mrs		Miss		Ms		Other (please specify)
Surname						Forename/s			
Previous Surname						Male		Female	
Date of Birth	D	D	M	M	Y	Y	Y	Y	
Home Address									
Postcode						Home Tel			
Mobile No						Work Tel			
Home email						Work email			

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	
Contact Telephone	
Relationship to applicant	

Type of Accommodation (please tick one)

Own home		Privately Rented		Parent/Guardian home	
Halls of Residence		Other (please specify)			

Council Tax Authority (please tick one)

Leicester		Blaby		Oadby & Wigston	
Charnwood		Harborough		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:	
Autistic Spectrum Disorder/ Asperger's Syndrome	<input type="checkbox"/>		

Are you currently receiving disability allowance?

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

Country 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"/>	Spain	<input type="checkbox"/>	China	<input type="checkbox"/>	Hong Kong	<input type="checkbox"/>	Malaysia	<input type="checkbox"/>
South Africa	<input type="checkbox"/>	Zimbabwe	<input type="checkbox"/>	Nigeria	<input type="checkbox"/>	Kenya	<input type="checkbox"/>	Saudi Arabia	<input type="checkbox"/>
Germany	<input type="checkbox"/>	India	<input type="checkbox"/>	Denmark	<input type="checkbox"/>	Taiwan	<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"/>
Ghanaian	<input type="checkbox"/>	Dutch	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Kenyan	<input type="checkbox"/>	Nigerian	<input type="checkbox"/>
Taiwanese	<input type="checkbox"/>	Danish	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	South African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Zimbabwean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Malaysian	<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 Educational Experience

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don' Know	<input type="checkbox"/>	Information refused	<input type="checkbox"/>
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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"/>
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Where did you gain your professional registration qualification?

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

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Full address of work place and contact telephone number and email

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Level 8		Level 3	
UK Doctorate degree (PhD)		Qualification at Level 3 of EU	
Other EU Doctorate degree		Qualification at Level 3 of non-EU	
Non-EU Doctorate degree		Diploma at Level 3	
Level 7 – previously described as level 5		Certificate at Level 3	
UK Masters degree		NVQ Level 3	
Other EU Masters degree		SVQ Level 3	
Non-EU Masters degree		GNVQ/GSVQ Level 3	
Professional qualifications at Level 7		Foundation course at FE Level	
Integrated UG/PG taught Masters degree		A-Level or AS Level (GCE and VCE)	
PG Diploma at Level 7		Advanced Higher (Scotland) (including CSYS)	
PG Certificate at Level 7		Higher (Scotland)	
PG Cert or Prof Graduate Diploma in Education		BTEC National in early years	
Other Qualification at Level 7		BTEC Nationals	
Qualification at Level 7 Architects Registration Board (Pt 2)		CACHE Level 3 Diploma in Child Care & Education	
Postgraduate credits		AAT NVQ Level 3 in Accounting	
Level 6 – previously described as level 3		International Baccalaureate (IB) Diploma	
UK Bachelors degree with honours		International Baccalaureate (IB) Certificate	
Ordinary (non-honours) first degree		Irish Leaving Certificate (Higher)	
Other EU first degree		Irish Leaving Certificate (Ordinary)	
Non-EU first degree		OCR Nationals	
Professional qualifications at Level 6		Progression Diploma	
First degree leading to QTS		Welsh Baccalaureate	
NVQ Level 6		Cambridge Pre-U Diploma	
SVQ Level 6		Professional Qualification at Level 3	
GNVQ/GSVQ Level 6		Other Qualification at Level 3	
Professional Graduate Certificate in Education		Diploma in Foundation Studies (Art & or Design and Media)	
Other Qualification at Level 6		Advanced Modern Apprenticeships	
Undergraduate credits at level 6		HE Access course, QAA recognised	
Level 5 – previously described as level 2		HE Access course, not QAA recognised	
Qualification at Level 5 of EU		Mixed Level 3 quals of which some are subject to Tariff	
Qualification at Level 5 of non-EU		Mixed Level 3 quals of which none are subject to Tariff	
Professional qualifications at Level 5		Diploma at Level Q	
Diploma of Higher Education RGN / RM		Certificate at Level Q	
Foundation degree		Level 2	
NMAH 2000 (from DMU LBR contract) RTS		NVQ Level 2	
HND (including BTEC & SQA equivalents)		SVQ Level 2	
NVQ Level 5		GCSE/O Level qualification	
SVQ Level 5		Intermediate (Scot)	
GNVQ/GSVQ Level 5		Standard Grades (Scot)	
Foundation course at HE level		Professional Qualification at Level 2	
Cert or Dip of education (i.e. initial teacher training qual)		Other Qualification at Level 2	
Level 4		Level 1	
Qualification at Level 4 of EU		NVQ Level 1	
Qualification at Level 4 of non-EU		SVQ Level 1	
Professional qualifications at Level 4 SRN		Professional Qualification at Level 1	
Certificate of Higher Education		Other Qualification at Level 1	
HNC (incl. BTEC & SQA equivalents)			
Other Qualification at Level 4			

Other Qualifications (please list ALL the qualifications you have)

Accreditation of Prior (Experiential) Learning (APEL/APL)	
Mature student admitted on basis of previous experience	
Other non-UK qualification, level not known	
Student has no formal qualification	
Not known	
Non-UK qualification not listed above, please specify:	

Qualifications gained post 16 years of age

(i.e. AS & A-levels, Scottish/Irish/Welsh equivalents, BTEC, Foundation, Key Skills, IB, Nursing)

Subject	Qual Type i.e. A level	Grade	Sitting S / W	Year

Please indicate the number of credits you studied at your highest level (please tick one):

15 credits		30 credits		60 credits		120 credits		180 credits	
Other please specify:									

ALL APPLICANTS - Verification of Academic/Professional Qualifications**Criminal convictions**

Please send a copy of your full enhanced CRB form which must be current, that it is within 3 years from the start date of your programme.

All applicants **MUST** provide photocopies of their educational / professional qualifications post compulsory education (i.e. all qualifications gained since leaving school). Originals will not be accepted.

These should be:

- a copy of any official university transcript(s) of education which details a course or modules undertaken and their academic credits

AND/OR

- a copy of any educational award(s) (i.e. a copy of the certificate, diploma or degree)

Please note your form will **NOT** be processed if copies of educational professional qualifications are not included with your application form. You may need to contact the awarding body (college, university or Examination Board), if you require replacement copies.

Minimum copies to be sent:

Current NMC/HPC PIN card

Professional Qualification Certificate

Evidence of HE Diploma level 5 study or above

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	
Doncaster & Bassetlaw Hospitals NHS Foundation Trust RP5		United Lincolnshire Hospitals NHS Trust RWD	
Kettering General Hospital NHS Trust RNQ		University Hospitals of Leicester NHS Trust RWE	
Northampton General Hospital NHS Trust RNS			

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			

Module Preparation

Have you previously applied for and commenced a non-medical prescribing course?

Yes		No	
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Prescribing Programme

Please indicate which module you wish to undertake in which semester (please tick one):

Module Code	Programme Code	Module Title	Credits			
				Oct	Jan	April
NMAH 3400 (degree level)	B70041	Independent and Supplementary Prescribing for Nurses, Midwives and Specialist Community Public Health Nurses – classroom based delivery	30			
NMAH 3401 (degree level)	B70041	Independent and Supplementary Prescribing for Nurses, Midwives and Specialist Community Public Health Nurses – distance learning delivery	30			
NMAH 3402 (degree level)	B70041	Supplementary Prescribing for Healthcare Professionals - classroom based delivery	30			
MPHE 5105 (masters level)	B70091	Independent and Supplementary Prescribing for Nurses and Midwives – classroom based delivery	30			
MPHE 5106 (masters level)	B70091	Supplementary Prescribing for Healthcare Professionals – classroom based delivery	30			

Entry Criteria

Please tick in the grid below and sign to confirm that you meet the following criteria:

I have a CRB within 3 years of the start date of my programme										
I have current Professional Registration										
I have a Sign-Off Medical Mentor as per NMC (2006) Standards of Proficiency for Nursing and Midwifery Prescribers.										
I have been working for the last year in the field in which I intend to prescribe.										
I have been qualified for more than 3 years.										
Applicant's signature:		Date	D	D	M	M	Y	Y	Y	Y

To be eligible to undertake a non-medical prescribing module, you must provide written evidence in the box below as to why you feel you can study at level 6. If you are unsure if you can meet this criteria please visit FAQ in the non-medical prescribing section of the LBR DMU website

<http://www.dmu.ac.uk/faculties/hls/nursingmidwifery/lbr/ugcourses/extendedprescrib.jsp>

If you wish to study a **masters-level** module you must meet all of the above criteria plus the below.
Please tick all the statements that apply to you.

I possess an honours degree	
I possess a non-honours degree	
I possess at least 15 level 6 credits in research study. This may be with your degree or standalone module	

Relevant Professional qualification

Professional Qualification e.g. Registered Nurse (RN)	Academic level (please tick which level)						Date Obtained					
	Certificate Level 4		Diploma Level 5		Degree Level 6		M	M	Y	Y	Y	Y
	Certificate Level 4		Diploma Level 5		Degree Level 6		M	M	Y	Y	Y	Y
	Certificate Level 4		Diploma Level 5		Degree Level 6		M	M	Y	Y	Y	Y

Contacts

Karen Ford

T: 0116 201 3861 E: kford01@dmu.ac.uk

Hilary Field

T: 0116 201 3892 E: hfield@dmu.ac.uk

Theresa Jackson

T: 0116 201 3862 E: tjackson@dmu.ac.uk

Student Declaration

I certify that:

- The information I have given is correct. I understand that any false information given on this form may invalidate any subsequent offer.
- I am aware that the course requires 100% attendance.
- I am medically fit to undertake the course.
- I am prepared to take part in clinical sessions as either a student or subject.
- I am aware that the University shares information on progress and achievement with sponsors/trusts.
- I have appropriate numeracy skills.
- I have been assessed as competent to take a history, undertake a clinical assessment and diagnose in the area in which I intend to prescribe. I have a portfolio or academic module as evidence.
- I am prepared to accept a higher level of clinical responsibility on successful completion of this study.
- I will be able to prescribe regularly.

Please state how you intend to prescribe, how this will benefit patients and services:

Signed		Date	D	D	M	M	Y	Y	Y	Y	Y	Y

Section 2a (to be completed by applicant)

Are you self employed?		Yes		No	
If yes, please sign here					
Name and address of your business where you work					
Nature of the business					

Criminal Convictions (To be completed by all applicants)

You are applying for the Non-Medical Prescribing professional programme, which on successful completion will be recorded with the NMC. You must declare **ANY** spent or unspent criminal convictions, including cautions, warnings and reprimands.

You must also declare any offences for which you have been charged including speeding offences.
If following your application any of the above applies you must inform the Faculty admission office immediately.

Telephone	0116 257 7700	Email	lbradmissions@dmu.ac.uk
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Please note that having a criminal conviction will not necessarily prevent you from studying at De Montfort University. For further information please view our Admissions policy <http://www.dmu.ac.uk/aboutdmu/policy/index.jsp>

Access criteria includes the submission of a full enhanced Disclosure from the Criminal Records Bureau. This must have an effective currency of 3 years from the start date of your programme. Please attach a copy of this to your LBR application/enrolment form. Place the copy of the full enhanced CRB into a sealed envelope marked confidential and send with this form.

Your offer is conditional upon receipt of a satisfactory recent full enhanced CRB as per NMC standards. It is your responsibility to ensure that this is available prior to the commencement of your studies on this programme and must be produced at interview.

Applicants please sign and date to verify the above and complete the self declaration over leaf.

NOTES

If you are not sure whether to tell us about a previous criminal convictions, including cautions, warnings and reprimands you can obtain more advice from your local Citizens Advice Bureau or Probation Service or the national Association for the Care and Resettlement of Offenders (NACRO). You can also contact a solicitor, but you may have to pay for these services.

If you are serving a prison sentence, you must select yes. You must also give the prison address as your postal address and a Senior Prison Officer must support your application.

As the applicant below I am signing to confirm that I have had a full enhanced CRB within the last 3 years.

Applicants name in capital letters:		
Applicant to sign and date:		

Faculty of Health and Life Sciences: De Montfort University LBR Declaration Form

Applicant Version

Applicant Name:

Chosen Course of Study:

Year of Entry

You must read the recruitment of ex-offenders section within the Admissions Policy for De Montfort University (DMU) before completing this declaration form. The policy is available on the DMU website under Admissions Policy, Admissions Regulations and Guidelines – Section 5.

Health and Life Sciences courses in health, social work and courses involving work with children and/or vulnerable adults are exempt from the Rehabilitation of Offenders Act, 1974. You are therefore required to declare all criminal convictions, spent and unspent (including cautions, restorative justice, bind over, street cautions, final warnings, fixed penalty notices and reprimands), or any on-going criminal investigations or pending court cases.

Failure to disclose any relevant information will put any offers of a place at risk and will be viewed as a breach of trust by the University and Faculty. (De Montfort University, General Regulations and Procedures, Ch 1, section 3.7). The information you provide may affect your ability to:

1. Gain entry to your chosen course of study
2. Evidence fitness to practise in your chosen career

Prior to making a final decision concerning your application, we shall first review your academic performance and if required, discuss with you any information you share with us on this declaration form that we believe has a bearing on your suitability for a place on your chosen course of study. We may also need to discuss the information you disclose with any relevant professional/statutory body and placement providers.

If you have previous spent or unspent convictions / cautions/ restorative justice/ bind over/ street cautions/ reprimands/ fixed penalty notices and final warnings and any other incident, in particular when you have been required to provide personal information, even if it has resulted in no further action *, that might pose a problem with your application, then please contact Jayneeka Lad, CRB/Admissions Officer on jladd@dmu.ac.uk, as soon as possible to discuss your application.

*** Please note this list is not exhaustive**

If you require further information regarding the Criminal Records process adopted by the Faculty, please contact the CRB Administrator on the details above.

You must answer all questions. If a question is not relevant to you please write 'not applicable'.

This information will be treated in confidence and stored in accordance with the Data Protection Act, 1998.

1. Have you ever been CONVICTED, BOUND OVER, received a FIXED PENALTY NOTICE OR RESTORATIVE JUSTICE for any criminal offence in the United Kingdom or in any other country?

Yes ☐

No ☐

2. Have you ever been CAUTIONED, STREET CAUTIONED, REPRIMANDED or received a FINAL WARNING by the police for any offence in the United Kingdom or any other country?

Yes ☐

No ☐

3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet come to court?

Yes ☐

No ☐

If YES (for any of the above) please specify the corresponding question your answer relates to;

a. Please give date(s)

b. What was the charge(s)?

c. What were the circumstances regarding the charge(s)?

d. What was the outcome?

4. Are you currently under investigation for any alleged offence in the United Kingdom or in any other country?

Yes ☐

No ☐

If YES (for the above);

a. Please give date(s)

b. What are the circumstances regarding the charge(s)/investigation(s)? Who are you being investigated by?

c. What was the outcome?

The University has a duty to assess the fitness to practise of applicants to specific courses, for example Social Work, Pharmacy and Nursing. For this reason, we need to obtain information relevant to an individual's fitness to practise as a professional working with vulnerable members of the community. It is for this reason that we need to ask the following questions about previous conduct that might lead to or has led to sanction by a professional body, education institution and/or employer.

5. Are you currently or have you ever been the subject of any investigation or fitness to practise proceedings by a professional/statutory body, previous educational establishment or current or past employer in the United Kingdom or any other country?

Yes ☐

No ☐

Please provide details: reason for the investigation, the date of the investigation and the name and address of the relevant professional/statutory body;

Faculty of Health and Life Sciences: De Montfort University LBR Declaration Form Applicant Version

DECLARATION

Applicant Name:

Chosen Course of Study:

Year of Entry:

You are required to notify De Montfort University (Academic Registrar) regarding all past and present convictions, cautions, restorative justice, bind over, street cautions and final warnings and fixed penalty notices. If you are accepted onto your chosen course of study, which is exempt from the Rehabilitation of Offenders Act 1974, you are required to notify De Montfort University of any future changes relating to your criminal record. (De Montfort University, General Regulations and Procedures Ch 1, section 3.7)

I declare that I have read the recruitment of ex-offenders section within the Admissions Policy for De Montfort University (available via the DMU website) and understand and agree to abide by the same. I can confirm that the information I have provided is a full and factual declaration and understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected or, if I have been accepted onto a course of study, my place being terminated.

I consent to the information provided in this declaration form being used by the University for the purpose of assessing my application.

I understand and consent that in exceptional circumstances, the University may be asked to disclose information on this form to a third party, for the purposes of fitness to practice matters and placement provision.

Applicant's Signature

Applicant's Name (BLOCK CAPITALS)

Date

Office Use Only:

Nursing and Midwifery courses only – Declaration/CRB form submitted to and checked by:

Programme Leader Name (PRINT): _____ Signature _____ Date _____

Admissions Tutor Name (PRINT): _____ Signature _____ Date _____

CRB/Admissis office (PRINT): _____ Signature _____ Date _____

Notes:

Information Reviewed by:

Faculty Admissions					
Head of School		Date		Decision and/or referral to	
Admissions Tutor/CRB Lead		Date		Decision and/or referral to	
FTP Tutor		Date		Decision and/or referral to	
Panel Lead/FTP Lead		Date		Decision and/or referral to	
Professional/Statutory Body Representative		Date		Decision and/or referral to	

Criminal Convictions (To be completed by the applicants manager)

The applicant is applying for the Non-Medical Prescribing professional programme, which on successful completion will be recorded with the NMC. They must declare **ANY** spent or unspent criminal convictions, including cautions, warnings and reprimands.

They must also declare any offences for which they have been charged including speeding offences. If following their application any of the above applies they must inform the Faculty admissions office immediately.

Telephone	0116 257 7700	Email	lbradmissions@dmu.ac.uk
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Please note that having a criminal conviction will not necessarily prevent them from studying at De Montfort University. For further information please view our Admissions policy <http://www.dmu.ac.uk/aboutdmu/policy/index.jsp>

Access criteria includes the submission of a full Enhanced Disclosure from the Criminal Records Bureau. This must have an effective currency of 3 years from the start date of their programme. They must attach a copy of this to their LBR application/enrolment form. They must place the copy of the full enhanced CRB into a sealed envelope marked confidential and send with this form.

Their offer is conditional upon receipt of a satisfactory recent full CRB as per NMC standards. It is their responsibility to ensure that this is available prior to the commencement of their studies on this programme and must be produced at interview.

Managers please sign and date to verify the applicant below and that they have complete the self declaration over leaf.

NOTES

If an applicant is not sure whether to tell us about a previous criminal convictions, including cautions, warnings and reprimands they can obtain more advice from their local Citizens Advice Bureau or Probation Service or the national Association for the Care and Resettlement of Offenders (NACRO). They can also contact a solicitor, but they may have to pay for these services.

If the applicant is serving a prison sentence, they must select yes. They must also give the prison address as their postal address and a Senior Prison Officer must support their application.

As the line manager of the applicant below I am signing to confirm that they have had a full enhanced CRB within the last 3 years.

Applicants name in capital letters:			
Full enhanced serial number		Issue Date	
Manager to sign and date:			

OFFICE USE

The above applicants full enhanced CRB form which is within 3 years of starting their programme has been viewed and verified by:

Print name		Signature	
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Position		Date	
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The information has also been entered in the DMU database.

Section 2b - General information about applicant (to be completed by line manager/employer)

								Yes	No
Is the applicant a regulated Health Care Professional eligible to undertake NMP preparation?									
Does the applicant have evidence of the ability to study at degree level? Please tick the nominees level of academic attainment:-									
MA/MSc		Degree		Diploma		Certificate			
Does the applicant have a recognised qualification/experience and ability in diagnostics and physical examination skills to enable them to apply non-medical prescribing skills to their intended area of prescribing practice?									
Does the applicant have a medical prescriber willing to supervise the student for the 12-day 'learning in practice' element of the preparation?									
Does the applicant have the commitment of their employer to enable access to a prescribing budget and made other necessary arrangements for prescribing practice on successful completion of the course?									
Will the applicant be prescribing regularly from central funding in order to provide maximum benefit to patient?									

Section 2c - Release from practice for duration of course (38 days) MANAGER

<p>Line Manager/Employer agreement to a minimum release from practice for both taught theory and medical supervision (26 days theory equivalent and 12 days practice).</p> <p>As this is a recordable qualification with a professional body, contact day attendance and recorded achievement of all theory and practice hours are mandatory (irrespective of mode of delivery). Students will be unable to record their qualification until all learning hours and assessments are achieved.</p> <p>Some students choose a blended learning approach to the programme whereby the 26 contact days are split between university attendance and distance learning. This approach improves flexibility of release time required, but does not reduce the total mandatory time needed for study by the student.</p> <p>As line manager, I confirm that the applicant has received an appraisal of their suitability to prescribe and confirm full release support, totalling a minimum of 38 days equivalent, and that the applicant will have a prescribing role on completion of the programme.</p> <p>As a line manager I confirm the following:</p> <ol style="list-style-type: none"> 1. The applicant has a valid registration on the professional register. 2. The applicant is competent to take a history, undertake a clinical assessment, and diagnose within the area and field of practice they intend to prescribe. 3. There is a clinical need within the applicant's role to justify prescribing. 4. The applicant has sufficient prior knowledge to apply prescribing principles taught on the programme to their own area and field of practice. 5. The applicant has appropriate numeracy skills to undertake drug calculations (to be further developed within the context of prescribing and assessed on the course). 6. The line manager must also inform the senior nurse for medicines management \ prescribing lead if the non-medical prescriber leaves their post or is being preformed managed therefore effecting their capacity to prescribe so that the central database is kept up-to-date. 										
Name										
Job Title										
Organisation Identify your full address										
Signed		Date	D	D	M	M	Y	Y	Y	Y

Section 3 (to be completed by the designated medical practitioner (DMP))**Section 3a – DMP details**

Name of DMP													
Area of practice													
Title/position													
Qualifications													
GMC registration no:													
Trust:													
I would be interested in attending a mentor update at DMU	Yes		No										
Work address:													
Postcode:													
Telephone number:													
Email address:													
I agree to facilitate 12 days / 78 hours clinical practice supervision.													
Signed					Date	D	D	M	M	Y	Y	Y	Y
Official hospital / practice stamp													

Section 3b - Eligibility criteria for Designated Medical Practitioner

Doctors must meet all the criteria below. Please tick boxes to confirm that you fit the criteria.

The doctor must be a registered medical practitioner who:

Has normally had at least 3 years recent clinical experience for a group of patients/clients in relevant field of practice.	
Is within a GP practice and is either vocationally trained or is in possession of a certificate or equivalent experience from the Joint Committee for Post-Graduate Training in General Practice (JCPTGP) or is a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer.	
Has the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice.	
Has some experience or training in teaching and / or supervising in practice.	
Normally works with the applicant. If this is not possible (such as in nurse-led services or community pharmacy), arrangements can be agreed for another doctor to take on the role of the DMP, provided the above criteria are met and the learning in practice relates to the clinical area in which the applicant will ultimately be carrying out their prescribing role.	
Is familiar with the requirements of the programme and the need for the applicant to achieve the learning outcomes.	

For more information on the role of the DMP please see training non-medical prescribers in practice – a guide to help doctors prepare for and carry out the role of designated medical practitioner: www.npc.co.uk/non_medical/publications.htm

Section 3c - Practice placement quality

Designated Medical Practitioner to please read and complete the following quality statement.

As part of the quality assurance process for practice placements and confirm your potential placement area meets statutory requirements. Please contact the relevant programme leader (see below) for advice regarding this process if required:

<ol style="list-style-type: none">1. Our policies and procedures within our practice placement areas reflect health and safety legislation, employment legislation and equality of opportunity.2. Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and equal opportunities.3. Our staff understand and manage specific risks to students and risk assessment is carried out in practice placement areas.4. We ensure that students have access to appropriate books, journals, educational and IT facilities, including internet access, (where practicable) where they are in placements.5. We have mechanisms in place in placement areas to recognise early poor performance of students and for taking appropriate and prompt action.6. We provide all students with a named practice placement supervisor for the duration of that placement, who is appropriately qualified and experienced and meets relevant Regulatory body requirements.7. Our practice placement supervisors are aware of the students placement outcomes so that they are able to agree with the students an individual learning contract for the placement experience.8. We provide students with scheduled appointments with their practice placement supervisors at regular intervals to discuss their progress towards meeting their learning contract.9. We take action on evaluation/feedback information that students give us on the quality of their placements and practice placement supervision received.10. We provide students with an orientation/induction to each practice placement.11. Our placement areas ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning.12. Our practice placements provide varied learning opportunities that enable students to achieve learning outcomes through observing skilled professionals deliver service and care participating, under supervision, in the delivery of treatment and care practising in an environment that respects users' rights, privacy and dignity.13. Our staff, who act as practice placement supervisors of students, demonstrate evidence-based teaching, assessment and practice.14. We provide learning opportunities in placements that are appropriate to the level and need of the student and provide opportunities for inter-professional working.15. Our approach to assessment is that it is a continuous process with an adequate formative function that helps develop student abilities/intellectual skills and which leads to the judgement of achievement against agreed performance criteria.16. We have explicit aims, values and strategies to promote inclusion and equality for all and these are reflected in our work as placement providers within an equal opportunities policy that is periodically updated.17. We have effective measures for eliminating oppressive behaviour including all forms of harassment in our practice areas.18. The guidance and support we offer as a placement provider are sensitive to equality of opportunity.										
I confirm all the above standards can be met whilst the student undergoes prescribing supervision.										
Signed		Date	D	D	M	M	Y	Y	Y	Y

Exception reporting comments

Please comment here if any of the standards are at risk in the practice area.

Standard no.	Exception reporting comments

Section 4

Section 4a – Support (to be completed by the Trust Non-Medical Prescribing Lead)

Please note: each Trust has a Non-Medical Prescribing (NMP) Lead who must support this application. Failure to have the form signed by the relevant NMP Lead will result in course fees not being paid by the EMSHA. This form must only be signed by the NMP Lead once the other sections are completed.

The list of NMP leads is available at: <http://www.dmu.ac.uk/faculties/hls/nursingmidwifery/lbr/trusteducleads.jsp>

Non-Medical Prescribing Lead												
Name (please print):												
Trust:												
Tel Number:												
Email address:												
A Numeracy tool should have been completed and passed	Yes								No			
Date completed	D		D		M		M		Y		Y	
I agree to support the applicant to undertake the non-medical prescribing module	Yes <input type="checkbox"/>				No <input type="checkbox"/>							
Date											Signature	

(PLEASE COMPLETE IN BLOCK CAPITAL DIRECT LINE MANAGER DETAILS)

Name	Address
Position	
Signature	
Trust/Practice area	Tel No
Date	

Section 4b - Funding (to be completed by the person authorised to provide funding for the applicant)

Please complete one of the following sections (in block capitals) to indicate the source of funding for your chosen modules:

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.	
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	

For UHL staff only

Deputy Director of nursing Print Name:	
Signature	Date

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 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 of, including sharing with partner organisations of such data for any legitimate purpose connected with my studies, including placements or my health and safety.

The Managing Information Across Partners (MIAP) programme 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 permissions is granted.

The MIAP 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 MIAP 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
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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 8?	
Have you included copies of your educational and professional certificates as per requirements on page 8?	
Have you signed to confirm that you meet the entry requirements for your chosen Programme on page 8?	
Have you clearly identified the Modules you wish to study on page 8?	
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.	