

# Learning Beyond Registration Undergraduate Combined Application and Enrolment Form 2011-2012

This form can only be used to apply for modules/programmes you wish to study within the academic year 2011-2012. It can only be used to apply for undergraduate modules available within the East Midlands Healthcare Workforce Deanery (EMHWD) 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](http://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 EMHWD you will need to have this confirmed by obtaining authorisation from an EMHWD 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 date for applications:

Semester 1 Friday 26th Aug 2011

Semester 2 Friday 6th Jan 2012

Semester X Friday 20th April 2012

## Please return the completed form to:

LBR Administrator, Promotions and Recruitment Team  
Hawthorn Building  
Room H00.36  
De Montfort University  
The Gateway  
Leicester  
LE1 9BH

If you have any questions please contact the LBR admissions team: [lbradmissions@dmu.ac.uk](mailto: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 checked="" type="checkbox"/> | Midwife                             | <input type="checkbox"/> | Allied Health Professional |                          | <input type="checkbox"/> |
| NMC/HPC PIN Professional Number |    | 246810                       |                                     |                                     |                          |                            |                          |                          |
| Title                           | Mr | <input type="checkbox"/>     | Mrs                                 | <input checked="" type="checkbox"/> | Miss                     | <input type="checkbox"/>   | Ms                       | <input type="checkbox"/> |
| Surname                         |    | Jones                        |                                     |                                     | Forename/s               |                            | Mary Anne                |                          |
| Previous Surname                |    |                              |                                     |                                     | Male                     |                            | <input type="checkbox"/> | Female                   |
| Date of Birth                   |    | 0                            | 4                                   | 0                                   | 4                        | 1                          | 9                        | 6                        |
| Home Address                    |    | 28 Example Road<br>Leicester |                                     |                                     |                          |                            |                          |                          |
| Postcode                        |    | LE1 1!A                      |                                     |                                     | Home Tel                 |                            | 0116 12345678            |                          |
| Mobile No                       |    | 07903 12345678               |                                     |                                     | Work Tel                 |                            | 0116 12345678            |                          |
| Home email                      |    | home@email.co.uk             |                                     |                                     | Work email               |                            | work@email.co.uk         |                          |

|                   |           |      |    |   |    |    |           |                                     |           |                          |
|-------------------|-----------|------|----|---|----|----|-----------|-------------------------------------|-----------|--------------------------|
| Start Date: Month | September | Year | Y2 | 0 | Y0 | Y9 | Full time | <input checked="" type="checkbox"/> | Part Time | <input type="checkbox"/> |
|-------------------|-----------|------|----|---|----|----|-----------|-------------------------------------|-----------|--------------------------|

|   |     |                                     |                    |                                     |
|---|-----|-------------------------------------|--------------------|-------------------------------------|
| Have you previously studied at DMU Post Reg   | Yes | <input checked="" type="checkbox"/> | No                 | <input type="checkbox"/>            |
| Have you previously studied at DMU Pre reg    | Yes | <input type="checkbox"/>            | No                 | <input checked="" type="checkbox"/> |
| If yes, what is your previous student no.     | P   | 123456                              | Unique Learner No. |                                     |
| Office use only new student number allocated: |     |                                     |                    |                                     |
|   |     |                                     |                    |                                     |

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                      | Mr John Smith |
| Contact Telephone         | 0116 12345678 |
| Relationship to applicant | Mr John Smith |

## Type of Accommodation (please tick one)

|                    |                                     |                        |                          |                      |                          |
|--------------------|-------------------------------------|------------------------|--------------------------|----------------------|--------------------------|
| Own home           | <input checked="" 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 checked="" 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: |                          |
| Autistic Spectrum Disorder/ Asperger's Syndrome | <input type="checkbox"/> |  |                          |

Are you currently receiving disability allowance?

Yes ☐No ☒

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 checked="" 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"/> |              |                          |
| Other please state |                                     |          |                          |         |                          |           |                          |              |                          |

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

|                    |                                     |         |                          |         |                          |               |                          |            |                          |
|--------------------|-------------------------------------|---------|--------------------------|---------|--------------------------|---------------|--------------------------|------------|--------------------------|
| British            | <input checked="" 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"/> |            |                          |
| 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 checked="" 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 | <i>RGN</i> |

## 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 checked="" 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 checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

Where did you gain your professional registration qualification?

|                                       |
|---------------------------------------|
| <i>Nottingham Trent University UK</i> |
|---------------------------------------|

## 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 | From (yyyy) | To (yyyy)      |
|--------------------|-----------------------|-------------|----------------|
| <i>SISTER</i>      | <i>ITU</i>            | <i>2005</i> | <i>Present</i> |
| <i>STAFF NURSE</i> | <i>ITU</i>            | <i>2002</i> | <i>2005</i>    |
| <i>STAFF NURSE</i> | <i>A + E</i>          | <i>2000</i> | <i>2002</i>    |

| 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                                   | ✓ | Certificate at Level Q                                    |  |
| Foundation degree   |   | Level 2   |  |
| NMAH 2000 (from DMU LBR contract)                             |   | 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                        |   | 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 &amp; A-levels, Scottish/Irish/Welsh equivalents, BTEC, Foundation, Key Skills, IB, Nursing)

| Subject                   | Qual Type i.e. A level | Grade       | Sitting S / W | Year        |
|---------------------------|------------------------|-------------|---------------|-------------|
| <i>Pain Management</i>    | <i>Level 6</i>         | <i>Pass</i> |               | <i>2010</i> |
| <i>NMA# 3360</i>          | <i>Level 5</i>         | <i>Pass</i> |               | <i>1989</i> |
| <i>Diploma in Nursing</i> | <i>O Level</i>         | <i>A</i>    |               | <i>1977</i> |
| <i>English</i>            | <i>O Level</i>         | <i>A</i>    |               | <i>1977</i> |
| <i>Maths</i>              | <i>O Level</i>         | <i>B</i>    |               | <i>1977</i> |
| <i>Human Biology</i>      | <i>O Level</i>         | <i>C</i>    |               | <i>1977</i> |
| <i>Chemistry</i>          | <i>O Level</i>         | <i>C</i>    |               | <i>1977</i> |
| <i>Physics</i>            | <i>O Level</i>         | <i>C</i>    |               | <i>1977</i> |
| <i>English</i>            | <i>A Level</i>         | <i>B</i>    |               | <i>1979</i> |
| <i>Human Biology</i>      | <i>A Level</i>         | <i>B</i>    |               | <i>1979</i> |
|                           |                        |             |               |             |
|                           |                        |             |               |             |

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

|                       |                                     |            |                          |            |                          |             |                          |             |                          |
|-----------------------|-------------------------------------|------------|--------------------------|------------|--------------------------|-------------|--------------------------|-------------|--------------------------|
| 15 credits            | <input checked="" type="checkbox"/> | 30 credits | <input type="checkbox"/> | 60 credits | <input type="checkbox"/> | 120 credits | <input type="checkbox"/> | 180 credits | <input type="checkbox"/> |
| Other please specify: |                                     |            |                          |            |                          |             |                          |             |                          |

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

All applicants **MUST** provide photocopies of their educational and 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. This also applies to returning students.

**Minimum copies to be sent**

Current NMC/HPC PIN card

Professional Qualification Certificates

Evidence of Diploma level 5 study or above (not required for Return to Study Module)

## Previous Educational Institution including DMU if applicable

|                     |                             |    |    |    |    |    |    |    |    |  |
|---------------------|-----------------------------|----|----|----|----|----|----|----|----|--|
| Name of Institution | Nottingham Trent University |    |    |    |    |    |    |    |    |  |
| Address             |                             |    |    |    |    |    |    |    |    |  |
| Postcode            | Date left                   | D1 | D9 | M1 | M1 | Y1 | Y9 | Y8 | Y9 |  |

## Workplace

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

### Acute Trusts

|   |  |  |                                     |
|---|--|--|-------------------------------------|
| Chesterfield Royal Hospital NHS Foundation Trust <b>RFS</b>     |  | Nottingham University Hospitals Trust <b>RX1</b>       | <input checked="" type="checkbox"/> |
| Derby Hospitals NHS Foundation Trust <b>RTG</b>                 |  | Sherwood Forest Hospitals NHA Trust <b>RK5</b>         | <input type="checkbox"/>            |
| Doncaster & Bassetlaw Hospitals NHS Foundation Trust <b>RP5</b> |  | United Lincolnshire Hospitals NHS Trust <b>RWD</b>     | <input type="checkbox"/>            |
| Kettering General Hospital NHS Trust <b>RNQ</b>                 |  | University Hospitals of Leicester NHS Trust <b>RWE</b> | <input type="checkbox"/>            |
| Northampton General Hospital NHS Trust <b>RNS</b>               |  |  | <input type="checkbox"/>            |

### Primary Care Trusts

|  |  |  |                          |
|--|--|--|--------------------------|
| Bassetlaw PCT <b>5ET</b>                         |  | Lincolnshire PCT <b>5N9</b>                    | <input type="checkbox"/> |
| Derby City PCT <b>5N7</b>                        |  | Northampton PCT <b>5PD</b>                     | <input type="checkbox"/> |
| Derbyshire County PCT <b>5N6</b>                 |  | Nottinghamshire County Teaching PCT <b>5N8</b> | <input type="checkbox"/> |
| Leicester City PCT <b>5EJ</b>                    |  | Nottingham City PCT <b>5EM</b>                 | <input type="checkbox"/> |
| Leicestershire County and Rutland PCT <b>5PA</b> |  |  | <input type="checkbox"/> |

### Mental Health and Learning Disability Trusts

|  |  |  |                          |
|--|--|--|--------------------------|
| Derbyshire Mental Health Services NHS Trust <b>RXM</b> |  | Northamptonshire Healthcare NHS Trust <b>RP1</b> | <input type="checkbox"/> |
| Leicestershire Partnership NHS Trust <b>RT5</b>        |  | Northamptonshire Healthcare NHS Trust <b>RP1</b> | <input type="checkbox"/> |
| Lincolnshire Partnership NHS Trust <b>RP7</b>          |  |  | <input type="checkbox"/> |

### Other

|  |  |                            |                          |
|--|--|----------------------------|--------------------------|
| East Midlands Ambulance Service NHS Trust <b>RV6</b> |  | Other NHS – please specify | <input type="checkbox"/> |
| Not an NHS Employee <b>001</b>                       |  |                            | <input type="checkbox"/> |

## 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 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 1 and at least 2 years experience | 120 credits level 1 & 2 with at least 1 year experience or 30 credits at level 2 and 3 years experience | Mentor | Sign off mentor as per NMC (2008) standards | Sign off practice teacher as per NMC (2008) standards |
| 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 (Hons) Public and Community Health Studies   | B90041 |  | ✓   | ✓      |   |   |
| BA Health Studies  | B90045 |  | ✓   | ✓      |   |   |
| BSc Clinical Midwifery   | B72041 |  | ✓   | ✓      |   |   |
| BSc (Hons) Clinical Midwifery  | B72041 |  | ✓   | ✓      |   |   |
| BSc (Hons) Specialist Practitioner with NMC SPQ in either Adult, Child, Learning Disabilities, Community Learning Disabilities, Mental Health, Community Mental Health or General Practice     | B70050 |  | ✓   |        | ✓   |   |
| Graduate Diploma Specialist Practitioner with NMC SPQ in either Adult, Child, Learning Disabilities, Community Learning Disabilities, Mental Health, Community Mental Health, General Practice | B70050 |  | ✓   |        | ✓   |   |
| BSc (Hons) Specialist Practitioner with NMC SPQ (District Nursing)   | B70050 |  | ✓   |        |   | ✓   |
| Graduate Diploma Specialist Practitioner with NMC SPQ (District Nursing)   | B70050 |  | ✓   |        |   | ✓   |
| BSc (Hons) Specialist Community Public Health Nursing in either Health Visiting or School Nursing  | B71044 |  | ✓   |        |   | ✓   |
| Graduate Diploma Specialist Community Public Health Nursing in either Health Visiting or School Nursing  | B71044 |  | ✓   |        |   | ✓   |
| Stand-alone Modules  | B90051 |  | ✓   | ✓      |   |   |
| Already undertaking SNHP Programme prior to September 2008   |        |  | ✓   | ✓      | ✓   |   |

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



| Module code | Module title   | Contact                                  |
|-------------|--|--|
| B70049      | Return to study  | Vasantha harding vharding@dmu.ac.uk      |
| B90051      | Stand-Alone Modules  | Barbara Howard bhoward@dmu.ac.uk         |
| B70051      | HAPP BSc (Hons) / BSc /Graduate Certificate / Graduate Diploma | Barbara Howard bhoward@dmu.ac.uk         |
| B70050      | BSc (Hons) Specialist Practitioner Qualifications              | Deborah Dowsett ddowsett@dmu.ac.uk       |
| B71044      | BSc (Hons) Specialist Communtiy Public Health Nursing          | Deborah Millington dmillington@dmu.ac.uk |
| B72041      | BSc (Hons) Clinical Midwifery                                  | Bernie Gregory bbryant@dmu.ac.uk         |
| B70N XXX    | Specialist Nursing Practice Programmes SNHP                    | Carol Greenway cgreenway@dmu.ac.uk       |

LBR Adminisitions Tutor Theresa Laurent tlaurent@dmu.ac.uk

## Programme Details

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

|                           |  |          |   |   |  |         |  |
|---------------------------|--|----------|---|---|--|---------|--|
| Programme Title           |  |          |   | <i>Health and Professional Practice</i> |  |         |  |
| Award Aim e.g. BSc (Hons) |  |          |   | <i>BSc Hons</i>                         |  |         |  |
| 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:

|                |                       |      |   |   |   |   |   |   |   |   |
|----------------|-----------------------|------|---|---|---|---|---|---|---|---|
| Your Signature | <i>Your Signiture</i> | Date | 0 | 4 | 0 | 7 | 2 | 0 | 1 | 1 |
|----------------|-----------------------|------|---|---|---|---|---|---|---|---|

## Module Details

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

| Module Code e.g. NMAH 3352 | Module Title      | Credits e.g. 15 | Semester please specify the semester you wish to study in according to the module's availability |   |   |   |   |   |
|----------------------------|-------------------|-----------------|--|---|---|---|---|---|
| <i>3373</i>                | <i>Research</i>   |                 | 1  | ✓ | 2 |   | X |   |
| <i>3344</i>                | <i>Leadership</i> |                 | 1  |   | 2 | ✓ | X |   |
| <i>3352</i>                | <i>Mentorship</i> |                 | 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 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 such data for any 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](http://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

*Your Signature*

Date

D

0

M

4

Y

0

M

7

Y

2

Y

0

Y

1

Y

1

**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 CAPITAL)**

|                                    |  |
|------------------------------------|--|
| Name<br><i>Sue Smith</i>           | Address<br><i>City Hospital<br/>UHL NHS Trust<br/>College Road Leicester<br/>LE5 7QS</i> |
| Position<br><i>Matron ITU</i>      |  |
| Signature<br><i>Signature here</i> |  |
| Trust/Practice area<br><i>ITU</i>  | Tel No<br><i>0116 12345678</i>   |
| Date<br><i>10th July 2011</i>      |  |

**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:

| <b>Applicants funded through the East Midlands Healthcare Workforce Deanery (EMHWD)</b>   |   |
|---|---|
| Please pass the entire application form to the authorised EMHWD signatory for your Directorate, Trust or PCT who will complete this section and send the form to DMU. |   |
| Name<br><i>Grace Long</i>   | Address<br><i>City Hospital<br/>UHL NHS Trust<br/>College Road Leicester<br/>LE5 &amp; QS</i> |
| Position<br><i>Education Lead</i>   |   |
| Signature<br><i>Signature here</i>  |   |
| Trust/Practice area<br><i>Acute Care Division</i>   | Tel No<br><i>0116 12345678</i>  |
| Date<br><i>1st August 2011</i>  |   |

| <b>Applicants who are being funded by a sponsor</b>  |         |
|--|---------|
| 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?   | ✓ |
| <b>Copies of educational/professional certificates as per page 6</b> <ul style="list-style-type: none"> <li>• Current NMC/HPC pin card</li> <li>• Educational/Professional qualification certificates</li> <li>• Evidence of diploma levels study (Not required for the return to study, module)</li> </ul> | ✓ |
| 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.   | ✓ |