

Programme/ Module Checklist – Part Four: Specialist Practitioner Qualification; Specialist Community Health Nursing; Health and Professional Practice; Stand Alone Modules; Return to Study; Practice Nursing

Applicant Checklist

Standard Application

- ☐ Have you fully read the guidance notes?
- ☐ Have you fully completed the standard application – part one and answered all questions?
- ☐ Have you completed the following declarations
 - ☐ Ethnic Minority and Disability (Page 2)
 - ☐ LBR Self Declaration (including completion of all boxes) (Page 8)
 - ☐ Data protection (Page 8)
- ☐ Have you completed the funding section (Page 7)
- ☐ You have taken a copy of the full form for your reference (parts one to four)

Course Specific

- ☐ Have you checked the website to ensure you meet all the entry criteria?
- ☐ Have you clearly identified the programme you wish to study on Page 1 (Part 1)?
- ☐ Have you clearly identified the module you wish to study in Part 2?
- ☐ Have you clearly identified the semester you wish to study?
- ☐ Have you clearly identified the campus/ location you wish to study at?

Attachments

- ☐ Copies of educational/ professional certificates (Page 6)
 - Current NMC / HPC pin card
 - Educational / Professional qualification certificates
 - Evidence of level five study (n/a for RTQ)
- ☐ If your name has changed please provide a copy of the relevant documents eg marriage certificate or Deed of name change.
- ☐ Have you included two passport sized photograph and written your name in capitals on the back with your date of birth? This is only required if you are a new applicant or wish to submit a more up to date photograph for your ID card as per part one.

Selected Programmes/Modules - Specialist Practitioner Qualification and Specialist Community Health Nursing only.

- ☐ Attachment 1 – Criminal convictions Declaration form
- ☐ You are sending in your current copy of your full enhanced DBS (CRB) form which is within two years at the start of the programme.

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

The Learning Records Service (LRS) 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 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 401453.

I declare that the information contained in this form is correct and understand that 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.

Signature _____ Print Name _____ Date ____/____/____

Manager's Checklist

This is to confirm that this applicant _____

- ☐ Has fully completed the application form
- ☐ Has submitted all information and attachments
- ☐ Meets the entry criteria
- ☐ Has funding for this study in place
- ☐ Have you completed the manager's declaration in part one (Pages 9 and 10)
- ☐ If the applicant is studying outside EMSHA a letter has been enclosed to confirm whom to invoice for fee pay-

ment

Signature _____ Print Name _____ Date ____/____/____