

**School of Health and Social Care**

**HS316 Extended Duties for Dental Nurses Module Application Form**

All sections of this form are to be typed or in capital letters – signatures to be ‘wet’ signatures or ‘electronic’ signatures only – typed names cannot be accepted as a signature.

**Module: HS316 - Level 4 – 15 Credits**

**Personal Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** | Mr / Mrs / Miss / Ms *(please delete as appropriate)* | | | | |
| **Surname:** |  | | | | |
| **Other Names:** |  | | | | |
| **Former Name** *(if applicable):* |  | | | | |
| **Date of Birth:** |  | **Country of Birth:** | |  | |
| **Nationality** *(as shown on passport):* |  | | | | |
| **Home Address** *(including post code):* |  | | | | |
| **Contact Number:** |  | | **Email Address:** | | *Course information will be sent to this email address.* |

|  |  |
| --- | --- |
| **Clinical Profession:** | **Dental Nurse** |
| **GDC Number:** |  |

**Academic & Professional Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Award** | **College / University** | **Course Title / Subject** | **Classification / Grade** |
|  |  |  |  |
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|  |  |  |  |

**Employment History** *(including current role to be listed first – maximum 5 years)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date From** | **Date To** | **Place of Employment** | **Job Title** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Funding** *(please indicate)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employer Funded |  | Self-Funded |  | Other |  | NHS England |  |
| Where funding is indicated as ‘Other’, please specify: | | |  | | | | |

***Note:*** *Where the course fee is subsidised by NHS England, either the employer OR the applicant may pay the remainder of the course fee. Where an employer is paying, we will arrange an invoice and require the invoice details along with funding authorisation as requested below.*

*Self-funded applicants can pay the remainder of the course fee online prior to registering onto the course. Payment can be made by credit card, debit card or bank transfer.*

**Current Employer Details**

|  |  |
| --- | --- |
| Current Employer |  |
| Employer address: |  |
| Postcode: |  |

**Employer Funded Invoice Details** *–* *to be provided by person / team authorising the funding. PO/Ref can be applicants name if employer does not have a purchase order system in place.*

|  |  |
| --- | --- |
| Employer invoice address & postcode: |  |
| Invoice email address: |  |
| Purchase order number/reference:  *(if known)* |  |

**Employer Funding Authorisation** *– Please complete & sign. (electronic signature accepted but not a typed name)*

In signing this section you are confirming the applicant has a DBS completed and verified by the employer and is of good health and character. *Please note: We do not require a copy of the DBS for this course.*

|  |  |
| --- | --- |
| Name of authorising member of staff: |  |
| Email address: |  |
| Contact number: |  |
| Signature: |  |
| Date signed: |  |

**Employer / Line Manager sign-off** - *Please complete & sign. (electronic signature accepted but not a typed name)*

In signing this section you are confirming the applicant has a DBS completed and verified by the employer and is of good health and character. *Please note: We do not require a copy of the DBS for this course*.

|  |  |
| --- | --- |
| Line Manager Name: |  |
| Line Manager signature: |  |
| Date signed: |  |

**Processing Personal Data**

The University of Essex will hold and process your personal data for the purposes of maintaining your academic and related records. The information supplied on this form will be processed in line with the Data Protection Act 2018 and the UK General Data Protection Regulations. It will be kept secure and accurate and will only be disclosed in line with the law. Your attendance and Examination Board ratified module marks will be shared with your sponsoring Trust. If you do not wish this to happen, you are responsible for asking your line manager to communicate with the School to this effect. Further information on how the University of Essex processes your personal data is available on the [Privacy Policy for students](https://www.essex.ac.uk/student/my-essex/privacy-notice-students), which can be found on the University’s [Privacy Hub](https://www.essex.ac.uk/disclaimer/privacy-statements). *Please note that the information on this application form is required for registration purposes only.*

**Supporting Documentation Required**

* Practice contract

Please ensure sections requiring a signature, have a wet or electronic signature – *typed names cannot be accepted as a signature.*

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant signature: |  | Date: |  |

Please email your completed application form along with your completed Practice Contract to [cpd@essex.ac.uk](mailto:cpd@essex.ac.uk) / Senior Contracts Manager, School of Health & Social Care, University of Essex, Wivenhoe Park, Colchester, Essex, CO4 3SQ.

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