**School of Health and Social Care  
Postgraduate Modular Programme Application Form**

Please complete this form in BLOCK capitals

**Once completed please return your completed form to** [**cpd@essex.ac.uk**](mailto:cpd@essex.ac.uk)

1. **Programme Selection**Please indicate which programme, level of award and period of commencement you are applying for by ticking the appropriate boxes in the table below.

Please note that these are part time, modular programmes. If applying for a standard full-time programme, please make an application online at: <https://www.essex.ac.uk/pgapply/enter.aspx>

|  | **Title of Award** |  | **Level of Award** |
| --- | --- | --- | --- |
|  | Advanced Clinical Practitioner (Apprenticeship) |  | MSc |
|  | Advanced Clinical Practice |  | MSc |

1. **Personal Details**

|  | **Applicant details** |
| --- | --- |
| Surname/Family Name: |  |
| Other names in full: |  |
| Former surname (If applicable): |  |
| Date of birth: |  |
| Home address: |  |
| Post code: |  |
| Telephone number: |  |
| Email address: |  |
| Professional /Regulatory Body registration number (e.g. NMC/ HCPC/ GDC etc): |  |

1. **Employer details**

|  | **Employer details** |
| --- | --- |
| Current Employer: |  |
| Work address: |  |
| Post code: |  |

1. **Apprenticeship details   
   This section is only required to be completed by those applying for the Advanced Clinical Practitioner Apprenticeship programme, for all other courses please move on to Section 5.**

|  | **Learner and employer information** |
| --- | --- |
| Unique learner number:  (Please contact [apprenticeships@essex.ac.uk](mailto:apprenticeships@essex.ac.uk) if you need help finding this number) |  |
| National Insurance Number: |  |
| Employing Organisation Name: |  |
| Line manager name: |  |
| Line manager contact details: |  |
| Job title of the individual/apprentice |  |
| Employer start date: |  |
| Number of contracted hours per week: |  |

1. **Workplace supervision**

|  | **Workplace supervision information** |
| --- | --- |
| Name of workplace supervisor: |  |
| Contact details of workplace supervisor: |  |
| Employing organisation name: |  |
| Email Address: |  |
| Telephone no. |  |

If you have not yet had a pathway plan discussion, you will be contacted by the programme lead once we have received your application form and checked it for eligibility for admission to this programme. The programme lead will arrange a time to discuss the programme, supervision, and draw up a pathway plan with you.

A completed workplace supervisor readiness checklist will need to be submitted and an appropriate supervisor approved before your place on the programme can be accepted and confirmed. Please complete the checklist overleaf.

Please note that for some modules there are specific requirements regarding entry criteria and supervision arrangements that need to be in place to be accepted and successful on this course (e.g. HS632 Preparation for Supplementary and Independent Prescribing). Please ensure requirements will be able to be met before applying for this programme. You can check whether are any specific requirements for the modules included in your programme by reviewing the module application forms which can be found here:

<https://www.essex.ac.uk/departments/health-and-social-care/cpd/how-to-apply>

## ADVANCED CLINICAL PRACTICE SUPERVISOR READINESS CHECKLIST

Supervision is an essential element of training to be an advanced practitioner. If you have been asked to supervise a trainee advanced practitioner, it is important to ensure you have the experience, knowledge, and expertise to provide good quality supervision. The following checklist is for supervisors to self-assess their readiness to supervise a trainee AP. This will allow the academic supervisor to liaise with you about any development needed and resources that are available to support you in your role.

You can assess yourself as **fully ready**, **partially ready** or **not ready.**

**Where items are marked as ‘ESSENTIAL’ these are requirements that must be in place prior to the student being accepted onto the programme.**

For the remainder, these will be addressed in the initial supervisor training that the University of Essex will provide once a student has been accepted onto the programme and has submitted a completed supervisor agreement. Further guidance and support will be provided via the programme lead who can be contacted via: [v.j.scott@essex.ac.uk](mailto:v.j.scott@essex.ac.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| Factors suggesting readiness for Advanced Practice | Examples of evidence | Am I ready?  i.e. state **fully ready, partially ready** or  **not ready** | Personal Action Plan |
| I understand the importance of supervising the trainee Advanced Practitioner to ensure patient and practitioner safety.  **ESSENTIAL** |  |  |  |
| I have time to provide a minimum of 1 hour of supervision to my trainee per week.  **ESSENTIAL** |  |  |  |
| Factors suggesting readiness for Advanced Practice | Examples of evidence | Am I ready?  i.e. state fully ready, partially ready or  not ready | Personal Action Plan |
| I understand the specific requirements of the advanced level practice MSc programme and (where relevant) the credential that my trainee is undertaking. |  |  |  |
| I understand the trainee’s profession and education content of their pre-registration training. |  |  |  |
| I understand the advanced practice role my trainee is training to do and the skills, knowledge, and behaviours they need to be capable and competent to do it. |  |  |  |
| I understand the 4 pillars of advanced practice and how these can be supported and developed for my trainee. |  |  |  |
| I understand the core capabilities of advanced clinical practice as articulated in the multi-professional framework for Advanced practice |  |  |  |
| I understand my role as a coordinating / associate supervisor in supporting and developing the trainee Advanced Practitioner. |  |  |  |
| Factors suggesting readiness for Advanced Practice | Examples of evidence | Am I ready?  i.e. state fully ready, partially ready or  not ready | Personal Action Plan |
| I have undertaken formal supervisor training to enable me to supervise my trainee Advanced practitioner  **ESSENTIAL** |  |  |  |
| I have been working at advanced level for a minimum of 3 years (or can provide clear justification for an advanced practitioner with less than 3 years experience)  **ESSENTIAL** |  |  |  |
| I know how to complete a learning needs analysis; a personal development plan and a learning contract to support my trainee’s development. |  |  |  |
| I know how to assess my trainee’s capability and competence to undertake newly learned skills and how to evidence this has been achieved. |  |  |  |
| Supervision sessions with my trainee will be planned and prioritised each week to monitor progress.  **ESSENTIAL** |  |  |  |
| Factors suggesting readiness for Advanced Practice | Examples of evidence | Am I ready?  i.e. state fully ready, partially ready or  not ready | Personal Action Plan |
| I am aware that over extended periods of absence of more than 4 weeks, I must liaise with my line manager to appoint another supervisor to supervise the trainee.  **ESSENTIAL** |  |  |  |
| I have ongoing support for my role as a supervisor and have negotiated protected time to undertake this responsibility.  **ESSENTIAL** |  |  |  |
| I know who the advanced practice lead for the organisation is and how to access support if my trainee runs into difficulties.  **ESSENTIAL** |  |  |  |

1. **Academic Qualifications (if applicable)  
   Please supply evidence with your application of your highest qualification to date.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date**  **From** | **Date**  **To** | **College / University** | **Course Title / Subject** | **Classification**  **/ Grade** | **Date Awarded** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Employment History (including current role)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  **From** | **Date**  **To** | **Place of employment** | **Position held** | **Duties involved** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Languages**If English is not your first language, please provide the details below.  
   **Please supply evidence with your application of your English qualification held (if English is not your first language).**

|  |  |  |
| --- | --- | --- |
| **English Qualification held (e.g. TOEFL or IELTS)** | **Level obtained** | **Date obtained** |
|  |  |  |
|  |  |  |

**NB: If you are applying for an apprenticeship programme, on receipt of your application, you will be asked to supply evidence of your Level 2 English and Maths qualification/s prior to us being able to offer you a place.**

1. **Fees Classification**If you are already following a course in the UK, please indicate how you have been classified for fees purposes.

|  |  |
| --- | --- |
|  | Home student |
|  | European Union student |
|  | Overseas student |

|  |  |
| --- | --- |
| Is the length of your stay in the UK currently limited by immigration control? If yes, give details: |  |
| If you were born in the UK or EU but are working temporarily outside the EU, please give dates, countries and occupations: |  |

1. **Source of Finance**Please tick the relevant box below.

|  | **Proposed source of finance** | **Has this funding been approved?** |
| --- | --- | --- |
|  | Health Education (East of England) | Yes |
|  | Employer funded | No |
|  | Self-funded |  |
|  | Apprenticeship Levy |  |
|  | Other (please specify): |  |

Please provide the information below if you have confirmed funding through your workplace.

|  | **Authorising member of staff’s details:** |
| --- | --- |
| Name of authorising member of staff: |  |
| Position of authorising member of staff: |  |
| Email of authorising member of staff: |  |
| Signature of authorising member of staff: |  |
| Date signed: |  |

If you have any queries relating to funding, please contact[**cpd@essex.ac.uk**](mailto:cpd@essex.ac.uk)

1. **Final confirmation**

Applicant signature:

Date:

Line Manager name:

Line Manager signature:

Date:

DBS complete and verified by Employer

Yes/No

I confirm that this applicant is of good health and character

Yes/No

**Please return the completed form to** [**cpd@essex.ac.uk**](mailto:cpd@essex.ac.uk)

Please note that you are required to apply for each module as you move through the programme to secure your place on a particular cohort of each module and to confirm funding arrangements. You can access the relevant module application forms on the link below:

<https://www.essex.ac.uk/departments/health-and-social-care/cpd/how-to-apply>

Please ensure you apply for each module by the application deadline. You can find details of the module, including application deadlines, on the module calendar which can be accessed here:

<https://www.essex.ac.uk/departments/health-and-social-care/cpd>

Data Protection Act 1998

The University of Essex has a notification under the Data Protection Act 1998 to enable it to hold and process personal data about its students for the purposes of maintaining their academic and related records. The information supplied on this form will be held under the terms of the Act; it will be kept secure and accurate and will only be disclosed to people who have a need to know in accordance with the Act. 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.

Please note that the information on this application form is required for registration purposes only.

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FOR OFFICE USE ONLY

|  |  |  |
| --- | --- | --- |
| Date application received? | Name | Date |
| Application reviewed by? | Name | Date |
| Pathway Plan provided? | Yes | No |
| Recommend accept onto programme (to be completed by the programme lead) | Yes | No |