

**School of Health and Social Care  
BSc Health Care Practice Modular Programme Application Form**

**1. Period of study to begin**

October/January/April 20      *(delete months as appropriate)*

---

**2. Personal Details**

Surname/Family name (in BLOCK capitals)

Other names in full

Former Surname

Title (Mr/Mrs/Miss/Ms/Dr)      NMC pin number (if applicable)

Male/Female

Date of birth

Nationality      Place of birth      (Country if overseas nationality, County if UK nationality)

Country of Origin      Country of Permanent Residence

**Home address:**

Post code

Telephone number      . Email address

**Employment Details**

**Professional Category**

<b>Clinical profession</b>		<b>Please give job title</b>
Nursing	<input type="checkbox"/>	
Midwifery	<input type="checkbox"/>	
Allied Health Professional	<input type="checkbox"/>	
Health Care Scientist	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
<b>Non-clinical profession</b>	<input type="checkbox"/>	

**Work address**

Post code

**3. Academic qualifications** (if applicable)

Give full details, **with supporting evidence such as copies of certificates**, of qualifications including final classification/grade(s).

Dates		College/University	Course Title/Subject	Classification /Grade	Date Awarded
From	To				

**4. Employment History** (past and current)

Dates		Place of employment	Position held / duties involved
From	To		

**5. Languages**

If English is not your first language, please give English qualifications (for example TOEFL or IELTS) and level and date obtained:

**6. Fees Classification**

Permanent Residence

UK  EU  Country: ..... Outside EU  Country .....

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

**7. Source of finance**

Proposed source of finance:  
 Health Education (East of England)   
 Employer Funded   
 Self-Funded   
 Other (please specify)

Has this funding been approved? Yes  No

If you have confirmed funding through your workplace, please complete this section:

Name and position of authorising member of staff (print name):

Signature of authorising member of staff: ..... Date: .....

If you require an invoice for your fees to be sent to your employer, please give contact details and address below:

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

**8. Disabled applicants and applicants with individual requirements**

If you have a disability, medical condition, access requirement or individual need that means you may require extra support or specific facilities for accommodation, please briefly state your requirements (can be continued on additional paper).

**9. Essential courses**

Is there any course or module that is essential to your plans to study at Essex? If so, please give details so that we can notify you if it will not be available (maximum 2 courses):

**10. References**

Please give the names and addresses of two people who are familiar with your work and who have agreed to provide references. In order to save time, applicants are asked to pass on the two enclosed letters to the referees of their choice.

(1) Name: Address: e-mail address: Relationship to you:	(2) Name: Address: e-mail address: Relationship to you:
---	---

**11. Have you applied to study at this University before?** If so, please give details

**12. How did you find out about the course?**

Applicant's signature ..... Date.....

\*Line Manager's signature..... Date.....

\*Print Name .....

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 with supporting evidence to [cpd@essex.ac.uk](mailto:cpd@essex.ac.uk) or to the HSC Contracts Manager (SHSC, University of Essex, Wivenhoe Park, Colchester CO4 3SQ

**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.**

**Equal Opportunities**

This form will be detached.

Please complete and return it with your application.

The information you provide will be held on database and will only be used for statistical analysis by HESA and certain other bodies that deal with the funding of education.

Thank you.

**Personal Details**

Last name  Title (eg. Mr, Mrs, Ms)

First name(s) (for official purposes)  Preferred first name

Date of birth

**Gender** \*delete as necessary  MALE / FEMALE \*

Your **Nationality**

Your **Ethnicity** (please tick):

**White**

- White British  11
- White Irish  12
- Other White Background  19

**Black or Black British**

- Black or Black British - Caribbean  21
- Black or Black British - African  22
- Other Black background  29

**Chinese**

- Chinese  34

**Other Ethnic (please describe)**

- Other Ethnic background  80

**Asian or Asian British**

- Asian or Asian British - Indian  31
- Asian or Asian British - Pakistani  32
- Asian or Asian British - Bangladeshi  33
- Other Asian background  39

**Mixed**

- Mixed - White and Black Caribbean  41
- Mixed - White and Black African  42
- Mixed - White and Asian  43
- Other Mixed background  49

- I do not wish to disclose my ethnicity**  98

Description .....

**Disability** (please tick any which you consider apply to you).

In addition to providing information for HESA, completion of this section will assist the University in understanding the needs and requirements of disabled staff and also allow us to work towards meeting our obligations under the Disability Equality Duty.

- 00  No known disability
- 51  Specific learning disability (such as dyslexia or dyspraxia)
- 52  General learning disability (such as Down's syndrome)
- 53  Cognitive impairment (such as autistic spectrum disorder or resulting from head injury)
- 54  Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- 55  Mental health condition (such as depression or schizophrenia)
- 56  Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches)
- 57  Deaf or serious hearing impairment
- 58  Blind or serious visual impairment
- 96  Other type of disability
- 97  I do not wish to provide this information