**School of Health and Social Care  
Module 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)

**Module code and title:**

**Campus**: Colchester / Southend *(delete as appropriate)*

**Start Date:**

**Please select Level:** Level 6 or Level 7 *(delete as appropriate)*

Number of Credits: 15 20 30 40 60 *(delete as appropriate)*

**Personal Details**

Title: Mr / Mrs / Miss / Ms (delete as appropriate)

Surname:

Other names:

Former name: (if applicable)

Date of birth:

Country of Birth: Nationality: (as on passport)

NMC / HCPC Pin:

Home address:

Post code:

Telephone number:

Email address:

*(confirmation of place on course & course information will be sent to this email address)*

**Academic & Professional Qualifications**

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

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

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

**Clinical Profession**

Nursing / Midwife / Allied Health Professional / Health Care Scientist / Other ***(please circle as appropriate)***

If ‘Other’ indicated, please specify:

**Funding**

Employer Funded / Self Funded / Health Education East of England / Other ***(please circle as appropriate)***

Where funding is indicated as ‘Other’, please specify**:**

**Current Employer Details**

|  |  |
| --- | --- |
| Current Employer |  |
| Employer address: |  |
| Post code: |  |

**Employer Funded Invoice Details**

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

*Self funded applicants pay the full course fee online approximately 1 week before registering on to the course. Payment details will be provided by the Course Administrator prior to the course commencing. Payment can be made by credit card, debit card or bank transfer. The University does not offer payment terms via instalments.*

**Employer Funding Authorisation**

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

**Employer / Line Manager sign off** *(please circle or delete Yes / No as applicable for the statements below) Note: if self funding, applicant must circle as applicable.*

DBS complete and verified by Employer: Yes / No

Applicant is of good health and character: Yes / No

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

**Practice Supervisor Requirements** *(If applying for HS955 Consultation & Assessment, the following section is to be completed by Practice Supervisor)*

You are required to identify a practice supervisor prior to enrolment on the course. The practice supervisor needs to be a registered Medical/Clinical Practitioner and should be at least at SHO or advanced level. It is the students’ responsibility to identify a supervisor, and they should be mindful of the opportunities for supervision when selecting this person.

**Practice Supervisor Details**

Practice Supervisor has agreed to supervise applicant while taking the consultation & assessment course: Yes / No

Applicant has been identified as competent in their field of practice: Yes / No

|  |  |
| --- | --- |
| Practice Supervisor Name: |  |
| Practice Supervisor Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Regulatory body: |  | Professional body pin: |  |
| Signature: |  | Date: |  |

**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.***

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

Applicants employed and funded by the NHS, please send this application form to your NHS Funding Team/Training Team, who will sign to confirm the funding is approved and will submit your application on your behalf to [cpd@essex.ac.uk](mailto:cpd@essex.ac.uk). For all other applicants, please sign and date the application and email it to [cpd@essex.ac.uk](mailto:cpd@essex.ac.uk) / HSC Contracts Administrator, SHSC, University of Essex, Wivenhoe Park, Colchester, Essex, CO4 3SQ.

**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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name:** |  | **Title: (eg. Mr, Mrs, Miss, Ms)** |  |
| **First Names:** |  | **Preferred First Name** |  |

|  |  |
| --- | --- |
| **Date of Birth:** |  |
| **Gender** *(please delete as necessary)* | MALE / FEMALE |
| **Nationality:** |  |

**Your Ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
| **White** |  | **Asian or Asian British** |  |
| White British | 11 | Asian or Asian British - Indian | 31 |
| White Irish | 12 | Asian or Asian British - Pakistani | 32 |
| Other White Background | 19 | Asian or Asian British - Bangladeshi | 33 |
| **Black or Black British** |  | Other Asian background | 39 |
| Black or Black British - Caribbean | 21 | **Mixed** |  |
| Black or Black British - African | 22 | Mixed – White & Black Caribbean | 41 |
| Other Black Background | 29 | Mixed – White & Black African | 42 |
| **Chinese** |  | Mixed – White & Asian | 43 |
| Chinese | 34 | Other Mixed Background | 49 |
| **Other Ethnic** |  |  |  |
| Other Ethnic Background (please describe in box below) | 80 | **I do not want to disclose my ethnicity** | 98 |
|  |  |  |  |

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

Completion of this section will assist the University in understanding the needs and requirements of disabled students 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