

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

Please complete this form in BLOCK capitals

### 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	
<input type="checkbox"/>	Advanced Clinical Practitioner (apprenticeship)	<input type="checkbox"/>	MSc/MA
<input type="checkbox"/>	Health Care Practice	<input type="checkbox"/>	PG Diploma
<input type="checkbox"/>	Professional Practice	<input type="checkbox"/>	PG Certificate
<input type="checkbox"/>	Professional Practice (Leadership)		
<input type="checkbox"/>	Professional Practice (Education)		
<input type="checkbox"/>	Medical and Clinical Education		

### 2. Personal Details

Surname/Family Name:

Other names in full:

Former surname (If applicable):

Gender:

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:

Professional /Regulatory Body registration  
number (where applicable):



### 3. Employment details

Please tick the relevant professional category in the table below and provide your job title.

Clinical Profession	Job Title
<input type="checkbox"/> Nursing/Midwifery	
<input type="checkbox"/> Allied Health Professional	
<input type="checkbox"/> Health Care Scientist	
<input type="checkbox"/> Dentist/Oral Health	
<input type="checkbox"/> Other Clinical Profession	
<input type="checkbox"/> Social Worker	
<input type="checkbox"/> Other Non-Clinical Profession	

Work address:

Post code:

### 4. 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 7.**

Unique learner number:

(Please contact [apprenticeships@essex.ac.uk](mailto:apprenticeships@essex.ac.uk)

if you need help finding this number)

National Insurance Number:

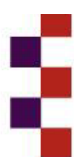
NHS Trust:

Line manager name:

Line manager contact details:

Employer start date:

Number of contracted hours per week:



## 5. Identification

This section is only required to be completed by those applying for the Non-Medical Prescribing module as part of the Advanced Clinical Practitioner Apprenticeship programme, for all other courses please move on to Section 8.

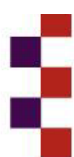
	Yes	No
Has at least 3 years relevant post-registration experience and deemed competent by employer*		
Has the last year been spent working in the clinical field in which you intend to prescribe?		
Has undertaken a health status check for current employment (If no please attach evidence of health status from GP)		
Is willing to undertake the training set out in the course handbook		
Has identified a <b>service need</b> in conjunction with employer requiring the candidate to undertake independent/supplementary prescribing training?		
Has employer given commitment to : - Candidate's attendance on the programme?		
Has employer given commitment to: - Provision of continuing professional development?		
Has employer given commitment to: - Provision of a Designated Medical Prescriber as Mentor?		
Is the candidate currently enrolled on or successfully completed a recognised credit bearing consultation/assessment /diagnostics skills module or a 3/5 day condensed consultation and assessment non-credited course. (Please provide course title, start date of course and education provider below) ..... ..... <b>OR:</b> Has the candidate demonstrated within their knowledge and skills framework that they are regularly undertaking specialist assessments within their role (line manager to complete page 6)		
Has employer given commitment to: - Access to a prescribing budget and other necessary arrangements for prescribing practice?		
Have you applied and commenced a programme of prescribing preparation previously? ( If so please list reason for non-completion below) .....		

## 6. Rationale

This section is only required to be completed by those applying for the Non-Medical Prescribing module as part of the Advanced Clinical Practitioner Apprenticeship programme, for all other courses please move on to Section 8.

Give brief details of how the present responsibilities of the post holder fit with opportunities to potentially prescribe on a regular basis:
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NB. Adequate opportunity to prescribe is essential to ensure maintenance of competency and value for money in terms of training costs



## 7. Mentorship Agreement Form

This section is only required to be completed by those applying for the Non-Medical Prescribing module as part of the Advanced Clinical Practitioner Apprenticeship programme, for all other courses please move on to Section 8.

DMP agrees to be a mentor to a nurse or AHP undertaking the course.
DMP has been working as registered medical practitioner who has had at least 3 years recent medical, treatment & prescribing responsibility for a group of patients/clients in the relevant field of practice.
DMP works as a GP within a practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Committee for Post-graduate Training in General Practice Certificate <b>OR</b> as a Specialist Registrar, Clinical Assistant or Consultant within an NHS Trust or other NHS employer.
DMP has some experience or training in teaching and/or supervising in practice
DMP agrees to mentor no more than 2 students at any one time
DMP has the approval of the employer to undertake the mentoring role?
DMP agrees to undertake a short preparation for the mentoring role if they have not been a DMP for a nurse/AHP independent /supplementary prescriber in the past.

The designated mentor does have a crucial role in educating and assessing non-medical prescribers.

This includes:

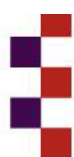
- Establishing a learning contract with the student
- Facilitate learning through critical thinking and reflection
- Provide dedicated time and opportunities for the student to observe how the mentor conducts a consultation or interviews the patient/carer and develops a management plan
- Allow time for the student to carry out consultations and suggest clinical management plans and prescribing options which are discussed with mentor
- Allow for the development and integration of theory and practice
- Give opportunities for in-depth discussion and analysis of clinical management plans using random case studies where patient care and prescribing behaviours can be discussed further
- Assessing and verifying that by the end of course the student is competent to take on the prescribing role

Source: Training Non-medical prescribers in practice – A guide to help doctors prepare for and carry out the role of designated medical practitioner. National Prescribing Centre, NHS, Feb 2005.

## 8. Academic Qualifications (if applicable)

Please supply evidence with your application of your highest qualification to date.

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



## 9. Employment History (including current role)

Dates		Place of employment	Position held	Duties involved
From	To			

## 10. 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.**

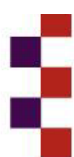
## 11. Fees Classification

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

<input type="checkbox"/>	Home student
<input type="checkbox"/>	European Union student
<input type="checkbox"/>	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:

## 12. Source of Finance

Please tick the relevant box below.

Proposed source of finance		Has this funding been approved?
<input type="checkbox"/>	Health Education (East of England)	Yes
<input type="checkbox"/>	Employer funded	No
<input type="checkbox"/>	Self-funded	
<input type="checkbox"/>	Apprenticeship Levy	
<input type="checkbox"/>	Other (please specify):	

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

Name of authorising member of staff:

Position of authorising member of staff:

Signature of authorising member of staff:

Date signed:

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

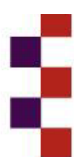

If you have any queries relating to funding, please contact [cpd@essex.ac.uk](mailto:cpd@essex.ac.uk)

## 13. Applicants with a disability/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).

## 14. Essential courses

Are there any courses/modules that are 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).



## 15. References

Please give the names and addresses of two people who are familiar with your work and who have agreed to provide references.

Referee 1		Referee 2	
Name:		Name:	
Address:		Address:	
Email:		Email:	
Relationship to you		Relationship to you	

## 16. How did you find out about the course?

## 17. Final confirmation

Applicant signature:

Date:

Line Manager name:

Line Manager signature:

Date:

DBS complete and verified by Employer  
Yes/No

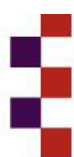
I confirm that this applicant is of good health and character  
Yes/No

**Please return the completed form 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 (e.g. Mr, Mrs, Miss, Dr_	
First name(s) (for official purposes)		Preferred first name	
Date of Birth		Gender	
Your nationality			

Your ethnicity (please tick)

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
<b>Black or Black British</b>		Other Asian background	39
Black or Black British - Caribbean	21	<b>Mixed</b>	
Black or Black British - African	22	Mixed - White and Black Caribbean	41
Other Black background	29	Mixed - White and Black African	42
<b>Chinese</b>		Mixed - White and Asian	43
Chinese	34	Other Mixed background	49
<b>Other Ethnicity</b>		<b>I do not wish to disclose my ethnicity</b>	98
Other Ethnic background: Description:	80		

**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