**SCHOOL OF SPORT, REHABILITATION AND EXERCISE SCIENCES**

**Postgraduate Modular Programme Application Form**

| **1 – TITLE OF PROGRAMME** |
| --- |
| Please indicate which programme of course you are applying for by selecting the appropriate box. Please note these are part-time courses.If the programme you wish to apply for does not appear on this page, please contact msk@essex.ac.uk for advice – some programmes offered have separate application forms.For full-time programmes, please make an application online at <https://www.essex.ac.uk/pgapply/enter.aspx> |

| **TITLE OF AWARD (Please select)** | **LEVEL OF AWARD (Please select)** |
| --- | --- |
| Musculoskeletal Practice [ ]  | MSC/Masters [ ]  |
| Musculoskeletal Ultrasound Imaging [ ]  | PG Diploma [ ]  |
| Advanced Musculoskeletal Assessment & Practice [ ]  | PG Certificate [ ]  |
| First Contact MSK Practice (PG Certificate only) [ ]  |  |
| Advanced Musculoskeletal Assessment & Practice Hand Therapy [ ]  |  |

| **POSTGRADUATE TAUGHT MODULES** |
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| If you are applying for a standalone module, please use the module application form found on the [SRES CPD page](https://www.essex.ac.uk/departments/sport-rehabilitation-and-exercise-sciences/cpd#modules) under the heading ‘Modules’ |

| **2 - PERSONAL DETAILS**  |  |
| --- | --- |
| Surname/Family name (in BLOCK CAPITALS): |  |
| First Name/Other names in full:  | Title: |
| Former surname:  | Gender: |
| Nationality (as on passport):  | Country of Origin: |
| Place of Birth: *(if overseas, give Country; if UK, give County)* | Date of Birth: |
| Country of Permanent Residence:  | NMC/HCPC number: |
| Home Address: |  |
| Post Code: |  |
| Email address: | Telephone number: |

| **3 – EMPLOYMENT DETAILS (Professional Category)** |  |
| --- | --- |
| **Clinical Profession** | **Please give job titles** |
| Physiotherapist [ ]  |  |
| Sonographer [ ]  |  |
| Nurse [ ]  |  |
| Occupational Therapist [ ]  |  |
| Other [ ]  |  |
| Work Address: |  |
|  |  |
| Post Code: |  |

**4 - ACADEMIC QUALIFICATIONS**

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

| **From** | **To** | **College/University** | **Course Title/Subject** | **Classification or Grade(s)** | **Date Awarded** |
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**5 - EMPLOYMENT HISTORY** (past and current)

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| **From** | **To** | **Place of Employment** | **Position held / Duties involved** |
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**6 - LANGUAGES –** If English is not your first language, please give English qualifications and date obtained

| **Provider (i.e., IELTS)** | **Level** | **Date Obtained** |
| --- | --- | --- |
|  |  |  |

**7 - FEES CLASSIFICATION**

**Permanent Residence**

UK [ ]  Overseas [ ]  Country:

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

Home Student: [ ]  Overseas: [ ]  Other: [ ]  (please specify) Click or tap here to enter text.

**Is the length of your stay in the UK currently limited by immigration control? If yes, give details**

Click or tap here to enter text.

**If you were born in the UK but are working temporarily overseas, please give dates, countries and occupations**

Click or tap here to enter text.

**8 – SOURCE OF FINANCE**

**Proposed Source of Funding**

Health Education (East of England) [ ]

Employer Funded [ ]

Self-Funded [ ]

Other [ ]  (please specify) Click or tap here to enter text.

Has this funding been approved? YES [ ]  NO [ ]

| Name and position of authorising member of staff (print name): |  |
| --- | --- |
| Signature of authorising member of staff (written or electronic): | Date: |

**Employer invoicing details will be requested prior to registration. Failure to provide invoicing details when requested could result in students being invoiced for the module fee.**

**If you have any queries relating to funding, please email** **msk@essex.ac.uk**

**9 – DISABLED APPLICANTS AND APPLICANTS WITH INDIVIDUAL REQUIREMENTS**

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| --- |
| Completion of this section will assist the University in understanding the needs and requirements of disabled students and allow us to work towards meeting our obligations under the Disability Equality Act |

|  |  |
| --- | --- |
| 00 [ ]  | No Disability |
| 08 [ ]  | Two or more impairments and/or long-term health conditions |
| 51 [ ]  | A specific learning difficulty such as dyslexia, dyspraxia, or AD(H)D |
| 53 [ ]  | A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder |
| 54 [ ]  | A long-term health condition such as cancer, HIV, diabetes, chronic heart disease, epilepsy |
| 55 [ ]  | A mental health condition, such as depression, schizophrenia, or anxiety disorder |
| 56 [ ]  | A 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 uncorrected by glasses |
| 96 [ ]  | A disability, impairment or long-term health condition that is not listed above |
| 97 [ ]  | I do not wish to provide this information |

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:

| **10 – HAVE YOU APPLIED TO STUDY AT THIS UNIVERSITY BEFORE?** |  |
| --- | --- |
| Yes [ ]  Please give details: | No [ ]  |

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| **POSTGRADUATE MSK EDUCATION UPDATE:**  |
| **Please tick the box if you would like to receive this information** [ ]  |

|  |
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| **SOCIAL MEDIA** |
| **Please tick the box if you agree to having your image published on social media i.e. Twitter** [ ]  |

| **11 – HOW DID YOU FIND OUT ABOUT THE COURSE?** |
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|  |

| Applicant’s signature (written or electronic): | Date: |
| --- | --- |

| Line Manager’s signature: | Date: |
| --- | --- |
| Print Name: |  |

| **Where to return the form**  |
| --- |
| **Please return your completed form along with any supporting evidence via email to** **msk@essex.ac.uk** **Postal Address:** School of Sport, Rehabilitation and Exercise SciencesUniversity of EssexWivenhoe ParkColchesterEssex CO4 3SQ**Please note: As we are currently working remotely there may be a delay in receiving postal copies** |

| **PRIVACY STATEMENT**During the admissions process all information you supply to the University will adhere to the principles set out in its [Privacy Notice for Students](https://www.essex.ac.uk/student/my-essex/privacy-notice-students). This information is only disclosed within the University to members of staff who process your application and to contact you with information relevant to your application. This may include overseas members of staff if your application is made outside of the UK. Failure to provide required data may result in your application not being processed. Where required as part of this process, we will check the accuracy of your data against external sources (for example exam boards or reference providers) and may also confirm your data to other higher education institutions, government agencies or those acting on behalf of the government. If your application is successful and you register as a student, some or all of this information will form part of your student record. If you are unsuccessful in your application or you do not take up an offer of a place, data will be held on our systems for 8 years. If you want to withdraw your application at any stage, then please contact msk@essex.ac.uk  |
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