

School of Sport, Rehabilitation and Exercise Sciences Module Application Form

Please type or use block capitals to complete **ALL** sections of this form

Title and code and of module:

Campus/Site:

Start Date:

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

and

Number of Credits - 0 15 30 60 (*delete as appropriate*)

1. Personal Details

Surname Title Mr/Mrs/Miss/Ms (*delete as appropriate*)

First names (in full) Male/Female (*delete as appropriate*)

Maiden name (*if applicable*)

Home address

Post code

Telephone number

Email address

***Employer:**

Employer Address:

Date of birth *NMC/HPC PIN (*if applicable*)

Country of birth Nationality (as on passport)

2. Proposed source of funding

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

3. Academic and professional qualifications (if applicable)

Date of award	Awarding Institution	Course Title/Subject	Result

Have you previously studied at the University of Essex? Yes No

4. Employment History (past and current)

Dates of employment	Place of employment	Job Title

Clinical profession		Please give job title
Nursing	<input type="checkbox"/>	
Midwife	<input type="checkbox"/>	
Allied Health Professional	<input type="checkbox"/>	
Health Care Scientist	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Unknown	<input type="checkbox"/>	

<p>For Office use (NMC/HPC recordable modules only)</p> <p>First level/Second Level Registration (Delete as appropriate for NMC PIN)</p> <p>Registration confirmed by:</p> <p>Approved by Module/Programme Lead</p> <p>.....Date.....</p>

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

Any other comments relevant to this application?

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'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

Education Liaison Manager's signature.....Date.....

For applicants funded from NHS Contracts, please return this to your Education Liaison Manager (who will authorise it and return it on your behalf). For all other applicants, please sign and confirm payment details, then return the form to SRES, University of Essex, Wivenhoe Park, Colchester, Essex CO4 3SQ, sres@essex.ac.uk

***essential to complete**

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 | | Asian or Asian British | |
| White British | <input type="checkbox"/> 11 | Asian or Asian British - Indian | <input type="checkbox"/> 31 |
| White Irish | <input type="checkbox"/> 12 | Asian or Asian British - Pakistani | <input type="checkbox"/> 32 |
| Other White Background | <input type="checkbox"/> 19 | Asian or Asian British - Bangladeshi | <input type="checkbox"/> 33 |
| Black or Black British | | Other Asian background | <input type="checkbox"/> 39 |
| Black or Black British - Caribbean | <input type="checkbox"/> 21 | Mixed | |
| Black or Black British - African | <input type="checkbox"/> 22 | Mixed - White and Black Caribbean | <input type="checkbox"/> 41 |
| Other Black background | <input type="checkbox"/> 29 | Mixed - White and Black African | <input type="checkbox"/> 42 |
| Chinese | | Mixed - White and Asian | <input type="checkbox"/> 43 |
| Chinese | <input type="checkbox"/> 34 | Other Mixed background | <input type="checkbox"/> 49 |
| Other Ethnic (please describe) | | I do not wish to disclose my ethnicity | <input type="checkbox"/> 98 |
| Other Ethnic background | <input type="checkbox"/> 80 | | |

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