

**NURSING, MIDWIFERY AND SOCIAL WORK**

**Undergraduate and Postgraduate Continuing Professional Development**

**Pathway Student – Course Unit Application Form**

**This form should be completed by students who are registered on the BSc Nursing/Midwifery Practice, MSc Advanced Practice and Leadership or MSc Specialist Practice: Cancer programmes for each course unit as part of your programme of study.**

**Please return to** [**cpd.nursing@manchester.ac.uk**](mailto:cpd.nursing@manchester.ac.uk)**.**

Please note: If you are applying for MSLAP units which are funded through CPD-Apply, please do not use this form. You must apply through [CPD-Apply](https://wsecure.wirral.nhs.uk/PQCPD/default)

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| **Name of course unit: Start date**:  **Please tick which level of study you wish to undertake:**  🞏 Level 6 (undergraduate)  🞏 Level 7 (postgraduate)  🞏 Level 0 – for Multiprofessional Support for Learning and Assessment in Practice (MSLAP) only | | |
| **Surname**  **First Name(s)**  **Mr/Miss/Mrs/Ms/Dr** | **Previous Name(s)** | |
| **Home Address**  **Postcode** | **Home Telephone**  **Work Telephone**  **Mobile Email** | |
| **Date of Birth** (Day/Month/Year) | **Professional Registration Number (eg NMC/HCPC or other)** | **Expiry Date** |
| **University ID Number :**  **Please tick which programme you are currently registered on:**   * BSc Nursing/Midwifery Practice * MSc Advanced Practice and Leadership (Nursing) * MSc Advanced Practice and Leadership (Midwifery) * MSc Advanced Practice and Leadership (Social Work) * MSc Advanced Practice and Leadership (Professional) * MSc Specialist Practice: Cancer | | |
| **FUNDING AND SUPPORT CONFIRMATION**  Written confirmation of support from your manager is required before you are accepted onto a course unit, as most course units offered by us are rooted in clinical practice and you will need to achieve **all** the learning outcomes for the assessment strategy.  I confirm that support in achieving all learning outcomes for *(please insert name of course unit)* ……………………………………………………………………..…………………………………………… (*please insert* start date)………………………………  and facilitating attendance at study days in order to meet the 80% compulsory attendance on the unit, will be available for (please *insert* *name of applicant*) ………………………………………………………………………………….  Name of Employer/Trust……………………………………………………………………………………………………….  Name of Line Manager (print) ..  Signature of Line Manager Date  Email Address of line manager Tel.no of line manager  **COMPLETE SECTION A OR B TO CONFIRM METHOD OF FUNDING -**  **A) Organisation sponsorship OR B) Self Funding including paying the additional fee for**  **Please tick the appropriate box MSLAP Credits not covered by your employer**  **SLA funding 🞏**  **\*CASH Allocation 🞏**  **\*Other Organisation Funding 🞏**  \*I agree to be invoiced for the unit fees for the student and I agree to be invoiced for the unit fees **for any intake of the**  Course shown above **for any intake of the above course in the above course in the current financial year (April-March)**  **current financial year (April-March)**  **Signature/details below must be the employing organisation’s**  **Authorised/Nominated signatory**  Signature Date Signature Date  Name Name  Address Address    Postcode Email/Tel: Postcode Email/Tel  If you are being funded by your employer (**not through SLA)**, they will need to complete and submit confirmation using the [**Tuition Fee Sponsor Letter (template)**](http://documents.manchester.ac.uk/display.aspx?DocID=28591)  to:  [cpd.nursing@manchester.ac.uk](mailto:cpd.nursing@manchester.ac.uk). Further detailed information can be found at <http://www.studentsupport.manchester.ac.uk/finances/tuition-fees/payments/sponsorships/>. We recommend you retain a copy of the letter for your own records.  Please submit your sponsor letter as soon as possible in advance of your registration date to ensure that information has been updated and applied to your account. If you are unable to submit your letter in advance then you will need to bring it to a member of staff at one of the face to face registration venues or to the Student Services Centre. Delays in submitting your sponsor letter may result in delays in accessing course materials, access to the library and obtaining your student ID card.  **The sharing of information between the University and seconding employers**  Students who are seconded to the University from their employer for a programme of study should note the following:  The University will not routinely share information about student progress and attendance with seconding employers. However circumstances may arise where it is appropriate for information held by the University or the employer, which may affect student progression and continuation on programmes of study or employer support, to be shared between these parties. The University will respond to reasonable requests by employers for such information and may on occasion seek information from employers. Agreement to the sharing of such information for seconded students is a pre-requisite for entry and continuation on programmes of study. Students who wish to be excluded from this agreement should formally notify the Programme Director in writing, who will relay this information to the seconding employer. | | |
| **APPLICANT DECLARATION**  I certify that the information given in this supporting document is accurate and complete.  Signature ……………………………………………………………………………….. Date …………………………………………… | | |
| **Further information about submitting your application form**  **Please ensure:**   * You have included your Professional Registration number and expiry date * You have included full details of your professional qualification * You have included a manager’s signature in support of learning outcomes and attendance – even if you are self-funding the course unit fees. * You have signed and dated the declarations * You submit your sponsor letter as soon as possible prior to the course unit commencing, if you are being sponsored by your employer**. A sponsor letter is not required if you are being funded through CPD-Apply** | | |