

**NURSING, MIDWIFERY AND SOCIAL WORK**

**BSc(Hons)Nursing/Midwifery/Professional Practice**

**Funding Confirmation Form**

*This form is for the use of current* ***BSc(Hons)Nursing/Midwifery/Professional Practice*** *students only. Applicants for stand-alone modules should use the CPD Application Form available from* [*www.nursing.manchester.ac.uk/undergraduate/cpd*](http://www.nursing.manchester.ac.uk/undergraduate/cpd)

*When completed please e-mail to* [*conted.nursing@manchester.ac.uk*](mailto:conted.nursing@manchester.ac.uk) *or return to:*

***CPD Admissions Office, Division of Nursing, Midwifery and Social Work, The University of Manchester,***

***Jean McFarlane Building, Oxford Road, Manchester, M13 9PL***

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| **MODULE DETAILS** | |
| If applying for Multiprofessional Support for Learning and Assessment in Practice, please indicate whether e-learning or blended route is preferred.  Name of Module:  Module start date: | Degree Lead:   * Janet Fielding * Margaret Lynch * Colin Steen * John Vernon * Other………………….. |

**PERSONAL DETAILS**

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| Surname:  First Name(s):  Mr/Miss/Ms/Mrs/Dr | | | | | Previous Name(s): | |
| Address:  Post Code: | | | | | a) Home Telephone:  b) Work Telephone:  c) Mobile:  d) E-Mail: | |
| Date of Birth | Day | Month | Year | AGE | NMC Pin no. | Expiry date |

**PRESENT POST**

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| Professional Qualification: Nurse/Midwife/other - please state  Title of post: From:  Grade:  No. of hours worked per week: | Name and address of employing trust/authority/organisation |
| Place of work address:    Post Code: | Type of ward/department/client group |

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| Equal Opportunity Monitoring Form | |
| In order to ensure the equal opportunity policy is effective, we monitor the applications that we receive by collecting data relating to racial/ ethnic origin, nationality and disability.  This information will be disclosed only to those persons having a legitimate need to see it. It is a requirement of the Equal Opportunities Act that information processed about individuals is accurate. It is essential, therefore that you inform us about changes to any information on your record as soon as possible | |
| ETHNIC ORIGIN (please tick the appropriate category) | |
| WHITE   * White - British [11] * White – Irish [12] * Other White background [19]   ASIAN   * Asian or Asian British - Indian [31] * Asian or Asian British - Pakistani [32] * Asian or Asian British - Bangladeshi [33] * Chinese [34] * Other Asian background [39] | BLACK   * Black or Black British - Caribbean [21] * Black or Black British - African [22] * Other Black background [29]   MIXED   * Mixed - White and Black Caribbean [41] * Mixed - White and Black African [42] * Mixed - White and Asian [43] * Other Mixed background [49]   OTHER   * Other Ethnic Background [80] * Information refused [98] |
| COUNTRY OF PERMANENT RESIDENCE & NATIONALITY | |
| Country of Citizenship (Nationality) -……………………………………  Country of Permanent Residence - ……………………………………  Country of Birth – ……………………………………  If you are not a British or EU Citizen, has the Home Office granted you any of the following?  Refugee or Asylum Status in the UK …………… Exceptional Leave to remain in the UK ………………  Indefinite Leave to remain in the UK ……………. None of these ………………  Have you been a permanent resident in the EEA for the last 3 years? Yes/No…………………….  When did you arrive in the UK?…………………  Reason for residency in the EU/UK –  Education …………….. Employment……………….  Settlement…………….. Asylum ……………….  Other …………….. | |
| **ADDITIONAL SUPPORT NEEDS** | |
| It is important for the University to know about your support needs arising from a medical condition, disability or specific learning difficulty e.g.: dyslexia so that advice can be provided on the availability of any facilities that may be required.  **Have you got a medical condition, disability or specific learning difficulty?**  Please tick the appropriate category below which best describe your condition:   * 00 None * 01 Specific learning difficulty e.g. dyslexia * 02 Blind or partially sighted * 03 Deaf or hearing impairment * 04 Wheelchair user or mobility difficulties * 05 Personal Care Support * 06 Mental health difficulties * 07 Unseen disabilities e.g. diabetes, epilepsy * 08 Multiple disabilities * 09 Disability/support need not listed above *Please state the nature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * 10 Autistic spectrum Disorder   ***Students who have additional support needs as a result of a disability/ medical condition or specific learning difficulty are strongly encouraged to contact the University Disability Support Office to discuss support and facilities available.***  ***Tel: 0161 275 7512 Fax: 0161 275 7018 SMS: 07899 663512***  ***E-mail:*** [***dso@manchester.ac.uk***](mailto:dso@manchester.ac.uk)[***www.manchester.ac.uk/dso***](http://www.manchester.ac.uk/dso) | |
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**FUNDING & SUPPORT CONFIRMATION To be completed for all non-SLA applicants for each individual module**

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| Written confirmation of support from your manager is required before you are accepted on a module, as most courses and modules offered by the School are rooted in clinical practice and you will need to achieve **ALL** the learning outcomes for the assessment strategy.  Name of Applicant............…………………………............................................................................................….……………………………  Name of Module …......................................................................................…………………………………………………………  Start Date of Module........................................................................................................…...…………...………………………………………  Name of Employer / Trust...............................................................................................………………………………………………………..  Name of Line Manager (PRINT)............................................………..................…….....…………………………………………………...  I confirm that support in achieving **ALL** learning outcomes for the module/s and facilitating attendance at study days in order to meet the 80% compulsory attendance on the module, will be available.  Signature of Line Manager..................…………...….......................….….…………………………..……….Date..........................................  E-mail Address of Line Manager………………………………………..............………… Tel. No of Line Manager……………………... |
| **DATA PROTECTION** |
| The information contained in this application will be used for the purpose of processing your application and, if you are admitted, will form part of your University student record. All data held and processed in accordance with the requirements of the Data Protection Act 1998 and within the limits agreed with the University’s Data Protection Officer. The data stored will be used in administering all matters related to your course, some information will be sent to official bodies, e.g. Higher Education Statistical Agency for statistical purpose. For further information about the University’s Enquirer, Applicant and Offer Holder Privacy Notice, please visit <http://www.manchester.ac.uk/study/privacy-notice/>  **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. |
| **DECLARATION** |
| I certify that the information given in this application and in the supporting documents is accurate and complete. I understand that the submission of inaccurate information may be sufficient cause for refusal of admission, withdrawal on my offer of a place, discontinuation from a course and the withdrawal of the award given when the truth arises.  I consent to my personal data being stored and processed in relation to all matters concerning my application and registration at the University of Manchester.  Signature: ………………………………………………………………………………… Date: ………………………………………... |

**COMPLETE SECTION A OR B TO CONFIRM METHOD OF FUNDING**

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| **A – Organisation sponsorship OR**  **NB This should not be completed for SLA funding.**    I agree to be invoiced for the module fees for the student and course shown above **for any intake of the above course in the current Financial Year (April – March)**  Signature: ………………………………………………………...  Name: …………………………………………………………….  Address: …………………………………………………………..  ………………………………………………….…………………  …………………………………………………………………….  Post Code………..…………….Date……………………………..  E-mail or Tel. No……………………………………………….. | **B – Self funding**  I agree to be invoiced for the module fees **for any intake of the above course in the current Financial Year (April – March)**  Signature: ………………………………………………………...  Name: …………………………………………………………….  Address: …………………………………………………………..  ………………………………………………….…………………  …………………………………………………………………….  ……………………………………….Post Code………..………..  Date………………………………………………………………. |