

**DIVISION OF NURSING, MIDWIFERY AND SOCIAL WORK**

**Undergraduate and Postgraduate Continuing Professional Development**

**Application Form**

Before completing this application form, please ensure that you have read the “How to apply for a place on a course or programme” at the back of this application form. When completed please email to [cpd.nursing@manchester.ac.uk](mailto:cpd.nursing@manchester.ac.uk) or return to: The Admissions Office, Continuing Professional Development, Division of Nursing, Midwifery and Social Work, The University of Manchester, Jean McFarlane Building, Oxford Road, Manchester M13 9PL.

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| **NAME OF COURSE UNIT OR PROGRAMME APPLYING FOR :**  **START DATE** :   * Level 6 (undergraduate) * Level 7 (postgraduate)   **Please include proof of previous successful Level 6 study (eg copy of undergraduate degree certificate)**   * Level 0 – for Multiprofessional Support for Learning and Assessment in Practice (MSLAP) only   If applying for Multiprofessional Support for Learning and Assessment in Practice (MSLAP), please indicate preferred option   * Blended * Elearning | | | | | | |
| **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)** | | **NMC Pin Number / HCPC Registration Number.** | **Expiry Date** | | | |
| **Professional Qualification: Nurse/Midwife/Other – please state**  **Title of current post** **From**  **Grade**  **Number of hours worked per week** | | **Name and address of employing trust/authority/ organisation** | | | | |
| **Place of work address**  **Postcode** | | **Type of ward/department/client group.** | | | | |
| **Education History – please include your Registerable/Recordable Nursing/Midwifery/ other professional qualifications (ie NMC, HCPC)** | | | | | | |
| **Course/unit names** | **Education Institutions** | | | **Results** | **Level & Credits** | **Date**  **D/M/Y** |
| **Briefly indicate any other academic studies and course units undertaken in the last five years. (include institution where taken)** | | | | **Results** | **Level & Credits** | **Date D/M/Y** |
| **If you have not undertaken academic study in the last five years you must include a 500 word personal/professional profile in the form of a reflective essay, in which you show how you have kept yourself current professionally.**  **Personal/Professional profile must include:**   * Evidence of what you have learnt * How this learning has influenced practice * Evidence of how it relates to theory using references where appropriate.   Please attach your personal/professional profile securely with this application form.  If you have previously submitted a personal/professional profile for a previous course unit, you do not need to submit one again. Please state for which course unit it was submitted and when. | | | | | | |
| **Previous posts in the last five years**   |  |  |  |  | | --- | --- | --- | --- | | **Employer** | **Post held and client group** | **From** | **To** | | | | | | | |
| **Reason for applying**  Please explain why you are applying to study this course unit/programme. How do you expect to use the ideas, information, skills gained during the course units in your work? Please also include a brief description of your current work-related duties. (Please continue on a separate sheet if needed) | | | | | | |

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| **FUNDING AND SUPPORT CONFIRMATION To be completed for all applicants for each course unit**  Written confirmation of support from your manager is required before you are accepted onto a course unit, as most courses and units offered by the Division are rooted in clinical practice and you will need to achieve **all** the learning outcomes for the assessment strategy.  **Name of applicant**  **Name of course unit** **Level**  **Start date of course unit**  **Name of Employer/Trust**  **Name of Line Manager (PRINT)**  ***I confirm that support in achieving all learning outcomes for the course unit and facilitating attendance at study days in order to meet the 80% compulsory attendance on the unit, will be available.***  **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 or Tel**: **Postcode** **Email or Tel:**  **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, eg 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 of 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** |

**EQUAL OPPORTUNITIES 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 the 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.

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| **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 and Nationality**  **Country of Citizenship (Nationality)** ………………………………………………………….  **Country of Permanent Residence** ……………………………………………………………  **Country of Birth** ……………………………………………………………………………………….  **If you are not a UK or EU National, have you been granted any of the following?**   * Indefinite Leave to remain in the UK * Refugee Staus in the UK * Humanitarian Protection in the UK * Other (please specify) …………………………………………………………………………………………………………………………………………….   **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 UK**(please tick appropriate category)   * Education * Employment * Settlement * Asylum * Other   **Please note: students whose citizenship is not UK will be required to provide a copy of their passport or other documentation as part of the admissions process.** | |
| **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 eg 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(s):   * 00 None * 01 Specific Learning difficulty eg 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 eg diabetes, epilepsy * 08 Multiple disabilities * 09 Disability/support 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 Email:** [**dso@manchester.ac.uk**](mailto:dso@manchester.ac.uk)[**www.manchester.ac.uk/dso**](http://www.manchester.ac.uk/dso) | |

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| **HOW TO APPLY**  Please make sure you complete your application form fully as it is particularly important that all information is provided. This must include the precise date of qualifying and indicate the dates of any study undertaken with the marks awarded for these courses, ie pass/fail.  If something does not apply to you, please enter N/A or not applicable, rather than leaving a blank box.  CHECK LIST  If you are being funded by the Service Level Agreement, please contact your Trust.  Before sending this application, have you   * Included proof of previous successful study at Level 6 (eg copy of undergraduate degree) –only if you are applying for a Level 7 course unit. * Included your PIN number/Registration Numnber and expiry date? * Included full contact details? * Included full details of your nursing/professional qualification? * Included any academic study within the last five years. If not, have you included your 500 word personal profile? * Included a reason for applying for this course? * Included a manager’s signature in support of learning outcomes and attendance? * Signed and dated declaration? * Included confirmation of funding in Section A or Section B? (see below)   **If you are being sponsored for the unit fees,** your sponsor must complete Section A of the Funding and Support Confirmation page of the application form to confirm they will be responsible for your fees. Section A must contain the signature and details of the employing organisation’s Authorised/Nominated Signatory.  **If you are self-funding the unit fees**, please complete Section B of the Funding and Support Confirmation page of the application form to confirm you will be responsible for your fees. Even if you are funding yourself, you must obtain your manager’s support in achieving clinical learning outcomes and meeting attendance requirements for all modules. |