



IMPORTANT Please read the accompanying guidance notes on page 3 and ensure you complete all sections in full. **Incomplete application forms will be returned, thereby delaying your registration and may result in a lost place**

| | | | |
|----------------------|-------------|-----|-------------------------------|
| For office use only: | Route Code | URN | Funding |
| | Email conf. | | Date invoiced (if applicable) |

1. Study Day Application

| | | |
|------------------------|---|-------------|
| Study Day Title | Area (i.e. South Central, Sussex etc.) | Date |
| | | |

2. Personal Details

It is important that you provide your **CURRENT EMAIL ADDRESS** as this is where all information relating to your application will be sent

| | | |
|---------------------------|---|---|
| Title: | First Name: | Surname: |
| Previous Name: | Date of Birth: | Gender: Nationality |
| Country of Domicile: | Are you a permanent UK resident? (Y/N) | If no, are you eligible to study in the UK? (Y/N) Ethnicity Code - note A |
| Disability Code: - note B | NMC / Professional PIN: (if applicable) | Are you currently under investigation by your regulatory body? (Y/N) |
| Address | Telephone No. (home): | |
| | Telephone No. (work): | |
| | Telephone No. (mobile): | |
| | Email (required): | |
| | Next of Kin Name: | |
| Post Code | Next of Kin Tel No: | |

3. Current or Most Recent Employment Details

| | |
|------------|--------------------|
| Job Title: | |
| Workplace: | Department / Ward: |

Workplace address:

Full-time Part-time - if part-time no. hrsp/w Funding: Self Employer NHS Contract - NHS Trust.....

4. Higher Education - Please tick the following statements that apply to you

I have previously attended a credit-bearing module/programme at the University of Surrey
 I have previously registered with Computing / Library at the University
 I have previously attended a credit-bearing module/programme at another Higher Education Institution (HEI) HEI Name.....
 I am currently studying at another Higher Education Institution (HEI) HEI Name.....
 The highest nursing qualification I have gained is: RGN Dip (HE) BSc (Ord) BSc (Hons) MSc Other

5. Manager's Approval of Attendance – to be completed by your Manager (if applicable)

Declaration: I have discussed the above educational / training requirements with this member of staff and I confirm that it is appropriate to his/her development and that he/she is a suitable candidate for this module / programme

| | | |
|-------|------------|-------|
| Name: | Signature: | Date: |
| | | |

6. Funding Details & Approval Signatures - Please fill in either section A, B or C, you MUST complete one section

Terms of Payment:

- Students will be deemed as enrolled on the study day one week before the start date, the full cost of the study day will be charged for withdrawals after this date.
- Employer funded study days will be invoiced four weeks prior to the commencement of the study day. Should you wish to pay before this date please contact the administrator for the study days
- Self-funding students will be sent a link to pay via the online store once your place has been confirmed by the administrator. You will not be permitted to start if payment has not been received before the start date of the study day

A. LETB CONTRACT FUNDING

Please indicate which contract you would like the funds allocated from (please note we **CANNOT PROCESS** the application without this information)
 Main Contract (CPD Contract) Other Specialist Contract, please specify(Applicable providers only)

Declaration: I agree to the requested funding for the above stated programme / module(s) in line with the terms of payment detailed above.

| | |
|---|--|
| Name of sponsoring Healthcare Provider: | |
| | |

| | | |
|-------|------------------|-------|
| Name: | Authorised Sign. | Date: |
| | | |



B. EMPLOYER FUNDING – please note we CANNOT PROCESS the application without a purchase order number

| | | | |
|---|-------------------------------|------------|----------------------------|
| Company Name (to be invoiced to): | | | |
| Invoice Address: | Purchase Order No: (REQUIRED) | | |
| | Contact Name: | | |
| | Telephone Number: | | |
| Post Code: | Email Address: | | |
| Declaration: I agree to the requested funding for the above stated programme / module(s) in line with the terms of payment detailed above. | | | |
| Name: | | Signature: | Date: <input type="text"/> |

C. STUDENT SELF FUNDING

Declaration: I agree to pay for the above stated programme / module(s) in line with the terms of payment detailed above.

| | | | |
|-------|--|------------|----------------------------|
| Name: | | Signature: | Date: <input type="text"/> |
|-------|--|------------|----------------------------|

7. Student Agreement - Please read and sign

- Please note, if you withdraw less than a week before the study day commences or do not attend (without informing the administrator for the study days i.e. holiday, sickness) the full cost of the study day will be charged. Withdrawals after commencement will also be charged.
- If your sponsoring Healthcare Provider are funding you for this study day, by signing this form you agree to allow all information regarding your study day to be shared with the sponsoring provider e.g. attendance.
- A full statement on data protection matters is available from the Registry on request is available on the University website at: http://portal.surrey.ac.uk/portal/page?_pageid=2098_3506913&_dad=portal&_schema=PORTAL

Declaration:

- I undertake as a member of the University to comply with the charter, statutes, ordinances and regulations of the University.
- I confirm that the information given on the form is complete and correct.

| | |
|--------------------|-------|
| Student Signature: | Date: |
|--------------------|-------|

This page is for information only and does not need to be returned with your application

FAQ's on completing this form

1 Which sections of the form need to be signed?

There are three sections which need to be signed: (Please note these will all need to be completed in order for your application to be processed)

- **Section 5 – Manager's Approval of Attendance** – Your manager (if applicable) will need to sign this section before the form is passed for authorised funding approval.
- **Section 6 – Approval of Funding** – One section needs to be signed as follows:
 - **A** - if the study day is to be funded as part of the LETB contract (CPD Main Contract or Other Specialist Contracts), this must be signed by an authorised signatory for the healthcare provider (see note C)
 - **B** - if the study day is being funded privately and will be invoiced for
 - **C** - if the student is self-funding the study day
- **Section 7 – Student Agreement** - Please ensure this section is signed before submitting your application

2 How long before the study day does the form need to be submitted and when will my place be confirmed?

The earlier the better. If we receive your form less than **4 weeks** prior to the start date there may not be time to process it and you may be unable to access certain facilities necessary for your study day preparation. Once your application has been approved the administrator for the study days will send you an email confirming your place. An offer letter and further details will be emailed to you approximately 4 weeks before the study day is due to start. Please note that unless otherwise requested all correspondence from the university regarding study days will be electronic.

3 What do I do if I need to withdraw from the study day or defer my place?

Please ensure you inform us **IMMEDIATELY**. If you withdraw less than **4 weeks** before the study day commences or do not attend on the first day and have not informed the administrator for the study days i.e. holiday, sickness, the full cost of the study day will be charged. Withdrawals after commencement will also be charged

4 What are the contact details for Health Sciences Post-registration Administration Team?

- **Address:** Health Sciences Post-registration Administration, FHMS, Duke of Kent Building, University of Surrey, Guildford, Surrey, GU2 7TE
- **Telephone:** 01483 684505
- **Email:** postreg_admin@surrey.ac.uk (For general course enquiries)

Note A: Ethnicity Codes

| | |
|---|---------------------------------------|
| 10: White | 34: Chinese |
| 21: Black or Black British – Caribbean | 39: Other Asian background |
| 22: Black or Black British – African | 41: Mixed – White and Black Caribbean |
| 29: Other Black background | 42: Mixed – White and Black African |
| 31: Asian or Asian British – Indian | 43: Mixed – White and Asian |
| 32: Asian or Asian British – Pakistani | 49: Other Mixed background |
| 33: Asian or Asian British – Bangladesh | 80: Other Ethnic background |

Note B: Disability Codes

| |
|---|
| 00: No known disability |
| 03: Deaf/hearing impairment |
| 04: Wheelchair user/have mobility difficulties |
| 05: Personal care support |
| 06: Mental health difficulties |
| 07: An unseen disability, e.g. diabetes, epilepsy, asthma |
| 08: Multiple disabilities |
| 10: Autistic Spectrum Disorder |
| 11: A specific learning difficulty e.g. dyslexia |
| 96: A disability not listed above |

Note C: LETB CPD Contract Trust Authorised Signatories

| Healthcare Provider | Authorised Signatories | Telephone | Email |
|---|----------------------------------|-----------------------|--|
| Ashford & St Peter's Hospital NHS Trust | Lisbeth Dean | 01932 722195 | lisbeth.dean@asph.nhs.uk |
| Central Surrey Health | Dino Adams | 01372 384944 | dino.adams@centralsurreyhealth.com |
| Coastal West Sussex CCG | Lizzie Izzard | 01903 708055 | lizzie.izzard@nhs.net |
| | Chris Goodwin | 01903 708030 | chriscgoodwin@nhs.net |
| | Clare Hearn Caroline Sheppard | | c.hearn@nhs.net caroline.sheppard@nhs.net |
| East Surrey CCG | Kerrie Myall | 01883 333033 | Kerrie.myall@eastsurreyccg.nhs.uk |
| First Community Health & Care | Mel Dawson | 01737 775455 | mel.dawson@firstcommunitysurrey-cic.nhs.uk |
| | Amanda Simpson | 07773 047199 | Amanda.simpson@learningenterprise.co.uk |
| | Martin Hodgson | 07826 944681 | Martin.hodgson@learningenterprise.co.uk |
| Frimley Park Hospital NHS Trust | Clare Williams | 01276 526095 | clare.williams@fph-tr.nhs.uk |
| | Nicola Morgan | 01276 404508 | nicola.morgan@fph-tr.nhs.uk |
| | Karen Britton | | karen.britton@fph-tr.nhs.uk |
| | Annette Gericke | | annette.gericke@fph-tr.nhs.uk |
| Guildford & Waverly CCG | Sarah Avenell | | Sarah.avenell@hns.net |
| Royal Surrey County Hospital NHS Trust | Louise Stead | 01483 571122 ext 6358 | l.stead@nhs.net |
| | Jo Embleton | 01483 571122 ext 6358 | jo.embleton@nhs.net |
| South East Coast Ambulance Service NHS Trust | Pam Fricker | 07796 615334 | pam.fricker@secamb.nhs.uk |
| | Neil Monery | 01622 680527 | neil.monery@secamb.nhs.uk |
| Surrey & Borders Partnership NHS Trust | Anne O'Connor | 01372 203502 | Anne.O'Connor@sabp.nhs.uk |
| | Pam Frost | 01372 216052 | Pam.Frost@sabp.nhs.uk |
| Surrey Downs CCG | Claire Fuller | 07813 924530 | Claire.fuller@surreydownsccg.nhs.uk |
| Surrey Health CCG | Mercedes Winnan | 07867 142726 | mercedeswinnan@nhs.net |
| Surrey Health CCG | TBC | TBC | TBC |
| Surrey & Sussex Healthcare NHS Trust | Janet Miller | 01737 768511 | Janet.Miller@sash.nhs.uk |
| Sussex Community NHS Trust | Katy Whittle | 01903 858035 | katy.whittle@nhs.net |
| | Debera Robertson | 01403 227000 ext 7626 | debera.robertson@nhs.net |
| | John Krohne | 07768 753878 | john.krohne@nhs.net |
| Sussex Partnership NHS Foundation Trust | Damien Cook | 01903 845728 | Damien.cook@sussexpartnership.nhs.uk |
| | Anita Green | 01273 778383 | Anita.green@sussexpartnership.nhs.uk |
| Virgin Care | Jacqui Smart | 07805 692601 | jacqui.smart@virgincare.co.uk |
| | Ann Pheasant | 07770 303689 | ann.pheasant@learningenterprise.co.uk |
| | Martin Hodgson | 07826 944681 | Martin.hodgson@learningenterprise.co.uk |
| Western Sussex Hospitals Foundation NHS Trust | Sandie Ellard | 01903 205111 ext 4965 | sandra.ellard@wsht.nhs.uk |
| | Tricia Rigby | 07747 472579 | tricia.rigby@wsht.nhs.uk |
| Brighton and Sussex University Hospital | Claire Martin | 01444 441881 | Claire.martin@bsuh.nhs.uk |