



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:
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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:	
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Name:	Authorised Sign.	Date:
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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"/>
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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:
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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
21: Black or Black British – Caribbean
22: Black or Black British – African
29: Other Black background
31: Asian or Asian British – Indian
32: Asian or Asian British – Pakistani
33: Asian or Asian British – Bangladesh | 34: Chinese
39: Other Asian background
41: Mixed – White and Black Caribbean
42: Mixed – White and Black African
43: Mixed – White and Asian
49: Other Mixed background
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	Fiona Holley	01932 7221593	Fiona.holley@asph.nhs.uk
Central Surrey Health	Angie Denyer Sarah Strode	01372 384944 07960 584769	Angiedenyer@nhs.net Sarah.strode@nhs.net
Coastal West Sussex CCG	Lizzie Izzard Clare Hearn Caroline Sheppard Chris Goodwin	01903 708055	Lizzie.izzard@nhs.net c.hearn@nhs.net caroline.sheppard@nhs.net chrisgoodwin@nhs.net
East Surrey CCG	Kerrie Myall	07920 751342	Kerrie.myall@nhs.net
First Community Health & Care	Mel Dawson	01737 775455	mel.dawson@firstcommunitysurrey-cic.nhs.uk
Frimley Park Hospital NHS Trust	Sharon Burfield Kat Tolfree	01276 522661	s.burfield@nhs.net kathryn.tolfree@nhs.net
Guildford & Waverly CCG	Tara Gifford	01372 232417	Tara.gifford@nhs.net
NW Surrey CCG	Lucy Moreton Clare Stone	01372 232417 01372 232400	Lucy.moreton@nhs.net
Royal Surrey County Hospital NHS Trust	Tamsin Enticknap-Green Vanessa Pasquier	01483 571122 ext 6358 01483 571122 ext 6358	tenticknap-green@nhs.net Vanessa.pasquier@nhs.net
South East Coast Ambulance Service NHS Trust	Sally Wentworth James Craig Mortimer Neil Monery	07796 615334 01622 680527	Sally.w-james@secamb.nhs.uk Craig.mortimer@secamb.nhs.uk neil.monery@secamb.nhs.uk
Surrey & Borders Partnership NHS Trust	Julie Gripton Pam Frost	01372 216060 01372 216052	Julie.gripton@sabp.nhs.uk Pam.Frost@sabp.nhs.uk
Surrey Downs CCG	Joanna Hodgkinson	01372 201603	Joannahodgkinson@nhs.net
Surrey Heath CCG	Edmund Cartwright	01276 707575	Edmund.cartwright@nhs.net
Surrey & Sussex Healthcare NHS Trust	Adele Kendrick Alyson Stobbs	01737 768511 01737 768511	Adele.kendrick@nhs.net Ricky.khan@nhs.net
Sussex Community NHS Trust	Richard Khan Alison Smith-Robbie Fiona Long Lucy Scragg	01273 696011 ext 3441 07823 520092	Ricky.khan@nhs.net a.smith-robbie@nhs.net f.long@nhs.net lucy.scragg@nhs.net
Sussex Partnership NHS Foundation Trust	Claire Marr Anita Green John Hewitt	01273 778383	Claire.marr@sussexpartnership.nhs.uk Anita.green@sussexpartnership.nhs.uk John.hewitt@sussexpartnership.nhs.uk
Virgin Care	Jacqui Smart Tracy Harman Martin Hodgson	07805 692601 07826 944681	Jacqui.smart@virginicare.co.uk Tracy.harman@virginicare.co.uk
Western Sussex Hospitals Foundation NHS Trust	Clare Williams Tricia Rigby	07879 295361 07747 472579	Clare.williams@bsuh.nhs.uk tricia.rigby@wsht.nhs.uk
Brighton and Sussex University Hospital	Annette Gericke Janet Marshall	01273 696955	annette.gericke@bsuh.nhs.uk janet.marshall@bsuh.nhs.uk