



**Faculty of Health and Medical Sciences
School of Health Sciences Continuing Professional Development
Modules (FHEQ levels 4, 5, 6, 7) Application Form**



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

For office use only:	Route Code MAV		SSP	URN SMS	Funding	Date sent to Registry
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1. Registration Details – You MUST tick one box (only)

<input type="checkbox"/> I am applying to a standalone module(s) only	<input type="checkbox"/> I am already registered for an award (BSc or MSc) and am applying to module/s for this academic year. Please state the award you are registered on AWARD:.....
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2. Module Details

Indicate below which module(s) you wish to enrol on (for this academic year only). Please ensure these details are correct and consistent with the online A-Z module index <http://www.surrey.ac.uk/healthsciences/study/cpd/index.htm>

Module Code e.g. NUR3127	Level	Module Title	Start Date

3. Personal Details

It is important that you provide an email address that you access regularly as this is where all information relating to your application will be sent

Title:	First Name:
Surname:	Previous Surname:
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: (see Note A)	Disability Code: (see Note B)
Address:	Religion Code: (see Note C)
	Telephone No. (home):
	Telephone No. (work):
	Telephone No. (mobile):
	Email Address:
Post Code:	Next of Kin Name:
NMC / Professional PIN: (if applicable)	Next of Kin Telephone No:
Have you ever been convicted of a criminal offence (In answering this question you must disclose details of any convictions and cautions including spent convictions) (Y/N)	Are you currently under investigation by your regulatory body? (Y/N)
If yes, please provide further details:	

4. Current or Most Recent Employment Details

Job Title:	Speciality & length of Employment:
Workplace:	Department / Ward:
Employment	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> - if part-time no. hrsp/w
Mentor's Name:	Manager's Name:
Mentor's Email:	Manager's Email:
Mentor's Telephone No:	Manager's Telephone No:

5. 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



6. Professional Qualifications and Education

- Please list **ALL** professional / credit bearing courses, most recent first
- **ALL PROGRAMME** applicants **MUST** enclose a photocopy of their initial professional qualification with the completed application form.
- If you are applying from overseas please include your most recent English Language Qualification

Qualification	Place of Study	Credits Obtained	Date Achieved

7. 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*

Name:		Signature:	
Organisation:		Date:	

8. Funding Details and 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 module one week before the module start date, the full cost of the module will be charged for withdrawals after this date.
 - Employer funded modules will be invoiced four weeks prior to the module commencement. Should you wish to pay before this date please contact the module administrator.
 - Self-funding students will be sent a link to pay via the online store once your place has been confirmed by the module administrator. You will not be permitted to start if payment has not been received before the first teaching session of the module.

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, please specify(Applicable providers only)

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

Name:		Authorised Signature:	
Name of Sponsoring Healthcare Provider:		Date:	

B. EMPLOYER FUNDING – please note, we cannot process the application without a purchase order number

Company Name: (to be invoiced)		Purchase Order No: (REQUIRED)	
Invoice Address:		Contact Name:	
		Telephone No:	
Post Code:		Email Address:	

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

Name:		Signature:	
Job Title		Date:	

C. STUDENT SELF FUNDING

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

Signature:		Date:	
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9. Student Agreement – please read and sign

- Please note, if you withdraw less than a week before the module commences or do not attend on the first day (without informing the Module Administrator i.e. holiday, sickness) the full cost of the module will be charged. Withdrawals after commencement will also be charged.
- If your sponsoring Healthcare Provider are funding you for this module/programme, by signing this form you agree to allow all information regarding your module to be shared with the sponsoring provider e.g. attendance, exam results.
- A full statement on data protection matters is available on the University website at <http://www.surrey.ac.uk/information-management/data-protection>

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.*

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 7 – 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 8 – Funding Details and Approval Signatures** – One section needs to be signed as follows:
 - **A** - if the module or programme is to be funded as part of the LETB contract (CPD Main Contract or Other Contracts), this must be signed by an authorised signatory for the healthcare provider (see Note D)
 - **B** - if the module is being funded privately and will be invoiced for
 - **C** - if the student is self-funding the module
 - **Section 9 – Student Agreement** – Please ensure this section is signed before submitting your application.
- 2. How long before the module/programme 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 module preparation. Once your application has been approved the module administrator will send you an email confirming your place on the module. An offer letter and further details will be emailed to you approximately 4 weeks before the module is due to start. Please note that unless otherwise requested, all correspondence from the university regarding modules will be electronic.
- 3. What do I do if I need to withdraw from the module or defer my place?**
Please ensure you inform us **IMMEDIATELY**. If you withdraw less than **1 week** before the module commences or do not attend on the first day and have not informed the Module Administrator i.e. holiday, sickness, the full cost of the module will be charged. Withdrawals after commencement will also be charged.
- 4. How can I view the modules / programmes online?** Please go to: <http://www.surrey.ac.uk/healthsciences/study/cpd/index.htm>
- 5. What are the contact details for Health & Social Care 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	Note B: Disability Codes	Note C: Religion 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 – Bangladeshi 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 98: Withheld	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	01: No religion 02: Buddhist 03: Christian 04: Christian – Church of Scotland 05: Christian – Roman Catholic 06: Christian – Presbyterian Church in Ireland 07: Christian – Church of Ireland 08: Christian – Methodist Church in Ireland 09: Christian – Other denomination 10: Hindu 11: Jewish 12: Muslim 13: Sikh 14: Spiritual 80: Any other religion or belief 98: Prefer not to say

Note D: LETB CPD Contract Trust Authorised Signatories

Healthcare Provider	Authorised Signatories	Telephone	Email
Ashford & St Peter's Hospital NHS Trust	Fiona Holley Russell Wernham	01932 722195	fiona.holley@nhs.net Russell.wernham@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 01903 708030	lizzie.izzard@nhs.net c.hearn@nhs.net caroline.sheppard@nhs.net chrisgoodwin@nhs.net
East Surrey CCG	Kerrie Myall	01883 333033	Kerrie.myall@nhs.net
First Community Health & Care	Liz Moulard	01737 775455	liz.moulard@firstcommunitysurrey-cic.nhs.uk
Frimley Health NHS Foundation Trust	Sharon Burfield Annette Gericke	01276 522661	sharon.burfield@fhft.nhs.uk annette.gericke@fhft.nhs.uk
Guildford & Waverly CCG	Sarah Avenell		Sarah.avenell@nhs.net
North West Surrey CCG	Clare Stone Lucy Moreton	013 7223 2400 01372 232417	Clare.stone@nwsurreyccg.nhs.uk Lucy.moreton@nhs.net
Royal Surrey County Hospital NHS Trust	Jo Embleton Louise Stead	01483 571122 ext 6358	jo.embleton@nhs.net l.stead@nhs.net
South East Coast Ambulance Service NHS Trust	Sally Wentworth James Craig Mortimer Mark Tappenden	01737 363823	Sally.w-james@secamb.nhs.uk Craig.mortimer@secamb.nhs.uk Mark.tappenden@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	Claire Fuller Eileen Clark	07813 924530 07867 142726	Claire.fuller@surreydownsccg.nhs.uk Eileen.clark@surreydownsccg.nhs.uk
Surrey Heath CCG	Joanna Hodgkinson Edmund Cartwright	01372 201603 01276 707575	joannahodgkinson@nhs.net Edmund.cartwright@nhs.net
Surrey & Sussex Healthcare NHS Trust	Janet Miller Adele Kendrick	01737 768511 ext 6202	Janet.Miller@sash.nhs.uk Adele.kendrick@sash.nhs.uk
Sussex Community NHS Trust	Lucy Scragg Paul McMahon Lorraine Gambling Julia Fairhall	07769 931472 01903 858035	Lucy.scragg@nhs.net Paul.mcmahon1@nhs.net lorraine.gambling@nhs.net Julia.fairhall@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 Martin.hodgson@learningenterprise.co.uk
Western Sussex Hospitals Foundation NHS Trust	Maggie Davies Tricia Rigby	07747 472579	maggie.davies@wsht.nhs.uk tricia.rigby@wsht.nhs.uk
Brighton & Sussex University Hospitals NHS Trust	Claire Martin	01444 441881	Claire.martin@bsuh.nhs.uk