



**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			URN		Funding	
	MAV		SSP	SMS		Date sent to Registry	

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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FAQ's on completing this form

- 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.
- 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.
- 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.
- How can I view the modules / programmes online?** Please go to: <http://www.surrey.ac.uk/healthsciences/study/cpd/index.htm>
- What are the contact details for Health & Social Care Post-registration Administration Team?**
 - Address:** 13HSM00, Health Sciences Post-Reg, Kate Granger Building, 30 Priestley Road, Surrey Research Park, Guildford, Surrey, GU2 7YH
 - Telephone:** 01483 683576
 - Email:** postreg_admin@surrey.ac.uk (For general course enquiries)

Note A: Ethnicity Codes

10: White
15: Gypsy or Traveller
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
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
50: Arab
80: Other Ethnic background
98: Prefer not to say

Note B: Disability Codes

A: No disability
B: Asperger's/ Autistic Spectrum Disorder syndrome/other autistic spectrum disorder
C: Blind/Partially sighted
D: Deaf/Hearing Impairment
E: Long Standing Illness, diabetes, chronic heart disease or epilepsy
F: Mental Health Condition, anxiety disorder
G: Specific Learning Difficulty eg dyslexia
H: Physical Impairment/Mobility issues arms or using a wheelchair or crutches
I: Disability Not Listed Above
J: Multiple Disabilities

Note C: Religion Codes

01: No religion
02: Buddhist
03: Christian
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	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 01903 708030	Lizzie.izzard@nhs.net c.hearn@nhs.net caroline.sheppard@nhs.net chrisgoodwin@nhs.net
East Surrey CCG	Kerrie Myall	07920 751342	Kerrie.mvall@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@virgincare.co.uk Tracy.harman@virgincare.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