Please ensure that you have completed **all sections** and answered **all questions. Incomplete forms will be returned** and may result in delays and ultimately missing out on available places**. •** Send your completed application form to [postreg\_admin@surrey.ac.uk](mailto:postreg_admin@surrey.ac.uk) at least **six weeks** prior to the module start date.

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| **CPD 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 <https://www.surrey.ac.uk/school-health-sciences/professional-development> | | | | | |
| **Module Code**  e.g. NUR3127 | **Level** | **Module Title** | | **Will you take the assessment? Y/N** | **Start Date** |
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| **Please note that you can only obtain credit for the module if you take and pass the assessment.**   * All fees and terms and conditions remain the same. * If your module is funded by your employer, please ensure you have their support if electing to complete the module WITHOUT credit. * This decision must be made at the start of the module. You will **not** be able to switch your mode of attendance after two weeks on the module. * If you later wish to obtain credit for the module, you will need to resit it FOR CREDIT and fees will apply. * Modules taken WITHOUT credit do not show up on your Higher Education Achievement Report, but a certificate of attendance will be available to those who complete all of the teaching. * If left blank, we will register you on the module FOR CREDIT and you will be expected to submit the assessment. * The zero-credit option is not available for HEE-funded places. * The following modules are **not eligible** to be taken for 0 credit: | | | | | |
| * V300 Independent and Supplementary prescribing * Introduction to family interventions * Application of family interventions * Heath Assessment – Child | | | * + Health Assessment – Adult   + Art of Learning and Teaching   + Educating Health Professionals   + Advanced Assessment and Clinical Reasoning   + Advanced Medicine Management | | |

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| **Personal Details** | | | | | | | |
| **Have you studied at the University of Surrey previously? Y/N** | | | | | \* | | |
| **If so, what is your Student Number (URN)?** | | | | |  | | |
| **What is your NMC/HCPC PIN?** | | | | |  | | |
| **Title** |  | **Forename** |  | **Surnames** |  | | |
| **Date of birth** | |  | | **Previous Surname(s)** |  | | |
| **Country of Domicile** | |  | | **Are you a permanent UK resident?** | | | Yes  No |
| **Nationality** | |  | | **If no, are you eligible to study in the UK?** | | | Yes  No |
| **Home address** | |  | | **Telephone No** | |  | |
|  | | **Email Address** | |  | |
|  | | **Next of Kin Name:** | |  | |
| **Post Code** | |  | | **Next of Kin Telephone No** | |  | |
| **Term time address** | |  | | **Term Time Telephone No** | |  | |
|  | | **University Email Address** | |  | |
| **Term time accommodation type** | | | |
| University owned/managed accommodation (1)  Parental/guardian home (2)  Own residence (7)  Other rented accommodation (8)  Private sector halls (9)  Other (4) | | | |
| **Post Code** | |  | |
| **All questions in the following section are mandatory for HESA reporting purposes (Higher Education Statistics Agency). Please note that we will be unable to process your application if any information is missing.** | | | | | | | |
| **Sex ID** | | | **Gender Identity** | **Sexual Orientation** | | **Religion** | |
| What is your sex? | | | Is the gender you identify with  the same as your sex registered at birth? | Which of the following best describes your sexual orientation? | | What is your religion or belief? | |
| Female (F)  Male (M)  Other (O) | | | Yes (01)  No (02)  Prefer not to say (98) | Bisexual (10)  Gay or Lesbian (11)  Heterosexual or straight (12)  Other sexual orientation (19)  Prefer not to say (98) | | No religion (01)  Buddhist (02)  Christian (03)  Hindu (10)  Jewish (11)  Muslim (12)  Sikh (13)  Any other religion or belief (80)  Prefer not to say (98) | |
| *please note, figures in brackets are for office use only* | | | | | | | |
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| **Ethnicity**  what is your ethnicity or ethnic group | | | | | |  | |
| Asian- Bangladeshi or Bangladeshi British (100)  Asian- Chinese or Chinese British (101)  Asian- Indian or Indian British (103)  Asian- Pakistani or Pakistani British (104)  Any other Asian background (119)  Black- African or African British (120)  Black- Caribbean or Caribbean British (121)  Any other Black background (139)  Mixed or multiple ethnic groups – White/ White British/ Asian/ Asian British (140)  Mixed or multiple ethnic groups – White/ White British/ Black African/ Black African British (141)  Mixed or multiple ethnic groups – White/ White British/ Black Caribbean/ Black Caribbean British (142)  Any other Mixed or Multiple ethnic background (159)  White- English, Scottish, Welsh, Northern Irish or British (160)  White- Gypsy or Irish Traveller (163)  White- Irish (166)  White- Roma (168)  Any other White background (179)  Arab (180)  Any other ethnic background (899)  Prefer not to say (998) | | | | | | | |
| **Disability**  Do you have an impairment, health condition, or learning difference that has a substantial impact on your ability to carry out day-to-day activities and has lasted, or is expected to last, at least 12 months? (please tick all that apply) | | | | | | | |
| No known impairment, health condition or learning difference (A)  Learning difference such as dyslexia, dyspraxia or AD(H)D (G)  Social/communication conditions such as a speech and language impairment or an autistic spectrum condition (B)  Long-term illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy (E)  Mental health condition, challenge or disorder, such as depression, schizophrenia or anxiety (F)  Physical impairment (a condition limiting one or more basic physical activities such as walking, climbing stairs, lifting or carrying) (H)  D/deaf or have a hearing impairment (D)  Blind or have a visual impairment uncorrected by glasses (C)  Development condition you have had since childhood which affects motor, cognitive, social & emotional skills & speech and language (L)  An impairment, health condition or learning difference not listed above (I) | | | | | | | |
| **Disability allowance**  Are you in receipt of disability allowance (DSA)? | | | | | | | |
| Yes (4)  No (5) | | | | | | | |
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| **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)** | | Yes  No |
| If yes, please provide further details: |  | |

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| **Higher Education – please tick the following statements that apply to you** | |
| **A: Qualifications obtained in the UK** | |
| **Please confirm the institution/provider where your UK qualification was completed, and tick the appropriate qualification from the list below** | |
| **Institution/provider:** | |
| Doctorate degree (e.g. PhD) (DUK)  Postgraduate Masters degree (e.g. MSc) (MUK)  Undergraduate Masters degree (e.g. MEng) (M2X  Undergraduate First degree (e.g. BSc Hons) (HUK)  Undergrad Ordinary degree (e.g. BSc Ord) (JUK)  Foundation degree (J10)  Diploma of Higher Education (DipHE) (J20)  Higher National Diploma (HND) (J30)  Certificate of Higher Education (CertHE) (C20)  Higher National Certificate (HNC) (C30)  Undergraduate Credit from UK University (C90)  A/AS Levels (P50)  AQA Baccalaureate (P47) | BTEC Award / Diploma / Certificate (P91)  CACHE Awards (P91)  International Baccalaureate Diploma (P62)  International Baccalaureate Certificate (P63)  Scottish Highers (P91)  Scottish Baccalaureate (P53)  Welsh Baccalaureate Advanced (P68)  14-19 Advanced Diploma (P51)  Access Course (please give the name of the course and where it was taken) (X00)  Professional Qualification (e.g. accountancy exams) (X04))  Other Qualification gained in the UK. Please specify: (X04) |
| **B: Qualifications obtained outside of the UK** | |
| Non-UK Doctorate degree (DZZ)  Non-UK Masters degree (MZZ)  Non-UK First degree (HZZ) | |
| Other Non-UK qualification (P80) – please specify: |  |
| *please note, figures in brackets are for office use only* | |

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| **Current or Most Recent Employment Details** | | | |
| **Job Title** |  | **Speciality & length of Employment** |  |
| **Workplace** |  | **Department / Ward** |  |
| **Employment** | Full-time ¨ Part-time ¨ - if part-time no. hrs …...p/w | | |

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| **Professional Qualifications and Education** | | | |
| Where module entry requirements specify that you must have completed a specific module or equivalent, a photocopy of the transcript confirming successful completion of the specific module AND/OR details of the module completed considered as equivalent (including module learning outcomes and taught content) must be provided for review.  Evidence of current NMC/HCPC registration is **required** – this can be a PDF download from the NMC register or screenshot of HCPC registration. | | | |
| **Qualification** | **Place of Study** | **Credits Obtained** | **Date Achieved** |
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| **Funding Details and Approval Signatures – You MUST complete one section** | | | |
| 1. **NHS England Commission** – Your Trust may be allocated a number of fully funded spaces by NHS England. In this case, please provide sign off from your Trust Education Lead (or equivalent) and the course fee will be paid directly to the University by NHS England. *Please note HEALTH Education England (HEE) has now merged with NHS England.* 2. **Employer Funding** – Your Trust will be invoiced by the University; a Purchase Order Number is required to process your application 3. **Self-Funding** – Payment will be requested through the [Surrey Online Store](https://store.surrey.ac.uk/product-catalogue/fhms-faculty-of-health-medical-sciences/school-of-health-sciences). Full payment is required in advance of the module start date.   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. | | | |
| **A.**  **NHS England Commission Declaration:** *I agree to the requested funding for the above stated module(s) in line with the terms of payment detailed above.* | | | |
| **Trust** | **\*** | | |
| **Funding Approver** | **\*** | **Funding Approver Job Title** | **\*** |
| **Funding Approver Contact Email** | **\*** | | |
| **Funding Approver Signature** | **\*** | **Date Signed** | **\*** |
| **B. Employer Funding – please note, we cannot process the application without a purchase order number**  **Declaration:** *I agree to the requested funding for the above stated module(s) in line with the terms of payment detailed above.* | | | |
| **Employer/Trust Name** | **\*** | | |
| **Invoice Department Address** | **\*** | | |
| **Invoice Department Email** | **\*** | | |
| **Invoice Department Telephone No** | **\*** | | |
| **Funding Approver Name** | **\*** | | |
| **Funding Approver Job Title** | **\*** | | |
| **Funding Approver Email Address** | **\*** | | |
| **Funding Approver Signature** | **\*** | **Date Signed** | **\*** |
| **Purchase Order No** | **\*** | | |
| **C. Student Self-Funding  Declaration:** *I agree to pay for the above stated module(s) in line with the terms of payment detailed above.* | | | |
| Please only complete your payment if you have received confirmation from the module administrator that you have a place on this module | | | |
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| **Student Agreement – please read and sign** | | | |
| By signing this agreement, you are accepting the terms and conditions of student registration, a copy of these terms and conditions can be found at [www.surrey.ac.uk/selfservice](http://www.surrey.ac.uk/selfservice). It is important you review your terms and conditions carefully, and contact Student Records if you require any further advice or guidance. These terms tell you who we, the University of Surrey (referred to below as “the University”, “we”, “us”, and/or “our”) are, how we will provide services to you, how you and we may change or end the contract, what to do if there is a problem and other important information. You should note that you are required to comply with the University Charter, Statutes, Ordinances, Regulations, Codes of Practice, and Policies of the University.  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>  [Registration Terms and Conditions](https://www.surrey.ac.uk/sites/default/files/2023-08/registration-terms-and-conditions-2023-24.pdf)(PDF)  [Policies, regulations and codes of practice | Policies | MySurrey](https://policies.surrey.ac.uk/policies-regulations-and-codes-practice) | | | |
| **Signature** | **\*** | **Date** | **\*** |