



OVERSEAS NURSES APPLICATION FORM (20 days study only)

Please complete your application form in black ink in CLEAR BLOCK LETTERS and return to Post Registration Courses Admissions Department, Room R109,, HSC Bournemouth University, Royal London House, Christchurch Road, Bournemouth BH1 3LT

PLEASE ENSURE YOU ENCLOSE ALL SUPPORTING DOCUMENTATION

Date of preferred Course:	
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Personal Details	
Surname/Family Name (BLOCK CAPITALS)	Title (Miss / Mrs / Mr / other)
First Name	
Previous name, if changed	
Male/Female	
Correspondence address:	
Postcode:	
Telephone (inc STD code)	
Email address	
Date of Birth (dd/mm/yy)	
Nationality	

Additional Needs please enter the appropriate code from the list at the bottom of the page (this will not adversely affect your application for a place)			
00 No known disability	21 Blind	41 Wheelchair User	73 Asthma
10 Dyslexia	22 Partially sighted	42 Mobility difficulties	80 Multiple disabilities
11 Dyspraxia	31 Deaf (BSL user)	50 Personal care support needed	91 Chronic Fatigue Syndrome (ME)
12 Dyscalculia	32 Deaf (non BSL user)	60 Mental health difficulties	90 Disability not listed above
13 ADD/HD	33 Hearing impaired	71 Diabetes	
14 Asperger's Syndrome	34 Lipreader	72 Epilepsy	

CERTIFICATES: (Please submit photocopies with this application)

Please note the original certificates/documents will be required on Day 1 – if these are not produced you will not be allowed to continue with your course. This also includes the NMC Declaration of Good Health and Good Character found in the NMC pack sent with your assessment letter

Self- certificate of declaration of good character (within this application form)	Enclosed: Y / N	
Certificate of attainment IELTS 7 (academic version) enclosed	Enclosed: Y / N	Date of certificate:
NMC assessment letter identifying requirements for Registration	Enclosed: Y / N	Date of letter:

Personal Declaration

I confirm that when submitting this application form, the information given in is true, complete and accurate, and that no information requested or other material information has been omitted. I undertake to be bound by all the rules and Bye-laws in force under the Articles of Government of the University. I accept that, if I do not comply with these requirements, the University may cancel my application and any subsequent offer and I shall have no claim against the University in relation thereto.

Data Protection Act 1984, 1998 I agree to Bournemouth University processing personal data contained in this form, or other data which the institution may obtain from me or other people, whilst I am an applicant. I agree that information received by the institution will be stored in hard copy and in a central computer database, and that it will be used for internal University administrative and management purposes and for those purposes registered with the Data protection Registrar.

Name:

Applicant's Signature:

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Do you have any unspent criminal convictions?	Yes		No	
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Self Declaration of Good Health and Good Character by Overseas Nurse

I(*Overseas Nurse*)

I declare that my health and good character is of a standard that enables me to deliver safe and effective practice and that I will comply with the requirements of the Code of Professional Conduct: NMC Standards for conduct, performance and ethics. (NMC 2008)

Signature.....Date.....