**Faculty of Health and Social Sciences**

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| **IMPORTANT**Please complete your application in **black ink** and in **CLEAR BLOCK LETTERS****Completed forms should be sent to**: hss-cpdadmin@bournemouth.ac.uk **(Please provide both home and work email addresses as your confirmation is sent via email.)** |

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| **COURSE** |
| **Preparation for the practice supervisor role** q **Date:** |
| **Preparation for the practice assessor role** q **Date:*****Practice supervisor preparation must be completed before practice assessor preparation.*** ***Please provide the date that practice supervisor preparation or similar was completed / is planned for:*** |
| **Do you have students in your practice area? Yes ¨ No ¨** |

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| **PERSONAL DETAILS** |
| **Surname/Family Name BLOCK CAPITALS)** | **Title Miss / Mrs /Ms / Mr** |
|
| **First Names (in full)** | **Preferred Name** |
|
| **Previous Name (if changed)** |
|
| **Home Address**  |
|
|
| **Post Code**  | **Email**  |
| **Telephone** (inc international/STD code)       | **Mobile Number**  |
| **EMPLOYMENT DETAILS** |
| **Current Role and profession:**  |
| **Practice Area:****Name of Trust/Organisation:****Please confirm if your organisation is within the ¨ NHS *or*****¨Private, Voluntary or Independent sector** |
| **Post Code**  | **Telephone** **(inc international / STD Code)** |
| **Email** |

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| **Signed (Applicant)\***  | **Date** |
| **Signed (Supporting Manager)\*:**  | **Date** |
| **Supporting Manager Name (block capitals)**        |
| **Telephone number & extension** (inc international / STD code)        |
| **Email**  |

\*Signature can be digital to prevent unnecessary printing.