**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](mailto: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.