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| **Application information for MSc Advanced Clinical Practice Apprenticeship**  **Please note the following entry requirements for this apprenticeship before submitting your application**  **Employment Requirements**  You must have a contract of service with an employer which is long enough for you to complete the apprenticeship successfully (including, the end-point assessment). This is expected to be three years / typically 36 months.  You must be employed in clinical practice for a minimum of 30 hours per week and be working to a job description that enables development in line with the occupational profile and apprenticeship standard of the Advanced Clinical Practitioner Apprenticeship.  You must have support from your employer to work enough hours each week so that you can undertake sufficient regular training and on-the-job activity. This is to ensure you are likely to successfully complete the apprenticeship. You must keep evidence of the agreed average weekly hours, including time spent on off-the-job training, in the evidence pack.  On-programme and supervised work place learning should be structured to enable increasing independence and autonomy as an Advanced Clinical Practitioner, as the apprenticeship progresses. Your progress academically and in the workplace will be monitored at regular intervals prior to gateway progression.  You must have a suitable, named supervisor / assessor, agreed by your employer and University, who will support you in applying, reinforcing and demonstrating the required knowledge, skills and behaviours within the workplace.  Your employer must allow you to complete the apprenticeship within working hours. This includes off-the-job training requirement of 20% of your whole time equivalent hours, as well as the stipulated on-the-job training.  **Academic Requirements**  A Bachelors Honours degree with minimum 2:2 in any subject, or equivalent.  You must have been registered with your respective statutory regulator of health and care professions (i.e. NMC, HCPC), for a minimum of 3 years and provide proof of current registration.  Level 2 English and Maths. If you do not hold this you must complete this level prior to applying for the MSc Advanced Clinical Practice Apprenticeship.  If English is not your first language, you will need to provide evidence that you can understand English to a satisfactory level. English language requirements for this course are normally IELTS (academic) 7.0 or above with minimum 7.0 in each component.  Your employer, in conjunction with your supervisor/assessor and the university, will confirm when you have met the criteria and are eligible to progress to the end point assessment.  The University will uphold all requirements for independent assessment in the end point assessment as identified by the Institute of Apprenticeships, which you need to complete in a maximum three month period    You cannot commence another DfE funded FE/HE programme, at the same time as any apprenticeship.  You cannot use a student loan to pay for an apprenticeship. Where an individual transfers to an apprenticeship from a full-time further education or higher education course, and that course has been funded by a student loan, the loan must be terminated by the individual and confirmed with the University.  **Occupational Profile of Advanced Clinical Practitioners**    Advanced Clinical Practitioners are experienced clinicians who demonstrate expertise in their scope of practice. Advanced Clinical Practitioners manage defined episodes of clinical care independently, from beginning to end, providing care and treatment from the time an individual (includes patients, service users, clients and customers) first presents through to the end of the episode, which may include admission, referral or discharge or care at home. They carry out their full range of duties in relation to individuals’ physical and mental healthcare and in acute, primary, urgent and emergency settings (including hospitals, general practice, individuals’ homes, schools and prisons, and in the public, independent, private and charity sectors). They combine expert clinical skills with research, education and clinical leadership within their scope of practice. Advanced Clinical Practitioners work innovatively on a one to one basis with individuals as well as part of a wider team. They work as part of the wider health and social care team and across traditional professional boundaries in health and social care.  **Responsibilities and duties of Advanced Clinical Practitioners**  As an Advanced Clinical Practitioner, you will:   * Have a high level of autonomy (refers to Advanced Clinical Practitioners working to the full scope of their professional practice) and freedom to make decisions about how people should be cared for and treated and act in complex and unpredictable situations * Use person-centred approaches to taking an individual’s detailed history and examine body systems to help you make a diagnosis * Select, undertake or request a range of appropriate clinical tests and assessments to help you make a diagnosis * Initiate and evaluate a range of interventions, which may include for example prescribing of medicines, therapies and care * Apply a skillset that may have traditionally been the remit of other disciplines so that you can enhance the care and experience of individuals * Analyse, interpret and act on the results of clinical tests and assessments and formulate a plan of care, which may include admission to a care setting such as a hospital, referral to settings for another opinion or discharge from services * Drive service improvements, educate others and provide consultancy services within your scope of practice * Undertake research activities to develop new knowledge and undertake audit to evaluate and further develop your area of expertise to improve care and services for the people you are treating. |

**Faculty of Health and Social Sciences**

**Application form for**

**MSc / Apprenticeship Advanced Clinical Practice**

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| **IMPORTANT:**  Please read the accompanying notes on page 6 and ensure you complete all sections in full. Please complete your application by typing in **BLOCK CAPITALS**. Your form must be submitted together with photocopies of all certificates. **Incomplete application forms will cause a delay in the application process and may result in a lost place.**  **Completed forms should be sent to**: [hsscpdapplications@bournemouth.ac.uk](mailto:hsscpdapplications@bournemouth.ac.uk)  **(Please provide both home and work email addresses as your confirmation is sent via email.)** |

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| **Intake applying for:** |
| **Have you studied at Bournemouth University before?** Yes ❑ No ❑  If YES, please give your student reference number |

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| **1 PERSONAL DETAILS** | | The personal information you supply will not adversely affect your application for a place - see reference to our Equal Opportunities policy in the Personal Declaration section of this form | | | | | |
| **Surname/Family Name (BLOCK CAPITALS)** | | | | | | **Title Miss / Mrs /Ms / Mr** | |
|
| **First Names (in full)** | | | | | **Preferred Name** | | |
|
| **Previous Name (if changed)** | | | | | | | |
|
| **Male** ❑ **Female** ❑ | | | **Date of Birth** (dd/mm/yy) | | | | |
| **NMC / HCPC or Professional PIN (If applicable)       Expiry Date:**  **Have been registered with NMC or HCPC for 3 years?** Yes❑ No❑ | | | | | | | |
|
| **Home Address** | | | | | | | |
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| **Post Code** | **Email** | | | | | | |
| **Telephone** (inc. international/STD code) | | | | **Mobile Number** | | | |
| **Country of Permanent Residence** | | | | | | | |
| Country of Birth | | | | | | | |
| Date of first entry to the UK (if born in the UK please put N/A) | | | | | | | |
| Date of most recent entry to the UK | | | | | | | |
| Nationality | | | | | | | |
| Please add additional details if you have a dual nationality | | | | | | | |
| Please enter the expiry date of your current visa if applicable | | | | | | | |
| Please tick one of the residency categories that applies to you:  ◌ UK Citizen  ◌ Granted Indefinite Leave to Remain/ Enter from the UK Home Office  ◌ EEA or Swiss National  ◌ Granted full Refugee status by the UK Home Office  ◌ Holder of the following, not as result of an asylum application:  Discretionary Leave to Remain – Exceptional Leave to Remain/ Enter – Humanitarian Protection  ◌ Applied for Asylum and refused but granted:  Discretionary Leave to Remain – Exceptional Leave to Remain/ Enter – Humanitarian Protection  ◌ Granted Leave to Remain/ Enter  ◌ Student Visa  ◌ Other please give details | | | | | | | |
| **National Insurance Number** | | | | | | | |
| **Ethnic Origin** please enter the appropriate code from the list on page 6 | | | | | | |  |
| **Additional Needs** please enter the appropriate code from the list on page 6       (this will not adversely affect your application for a place) | | | | | | | |
| **Have you previously received or are you currently in receipt of an educational award from UK public funds?** Yes/No | | | | | | | |
| **If Yes, please provide details:**  **Funding body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **Is English your first language?** Yes/ No | | | | | | | |

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| **2 EMPLOYMENT DETAILS** | | | | |
| **Current Role** | | | | |
| **Trust / Organisation** | | | | |
| **Ward / Department / Unit** | | | | |
| **Hospital** | | | | |
| **Address** | | | | |
| **Post Code** | | **Telephone** **(inc international / STD Code)** | | |
| **Email** | | | | |
| **Are you employed in practice for a minimum of 30 hours per week? Yes** 🞎 **No** 🞎 | | | | |
| **Start date of employment** | | | | |
| **How long have you been in employment with your current employer prior to starting your apprenticeship?** | | | | |
| **Please confirm your current hourly pay meets or exceeds the legal minimum wage**  **◌ Yes ◌ No** | | | | |
| **Please confirm your annual leave meets the legal minimum requirement (28 days for full time)**  **◌ Yes ◌ No** | | | | |
| **Please confirm that you have a contract of employment for the duration of your apprenticeship**  **◌ Yes ◌ No** | | | | |
| **Are you in receipt of Universal Credit or any other benefits?**  **◌ Yes ◌ No** | | | | |
| **Please state your contracted hours of work per week** | | | | |
| **Please state your contracted holiday allocation in days (excluding bank holidays)** | | | | |
| **3 FEES and SHORTLISTING** | | | | | |
| **Educational Lead to complete this section- Authorisation of allocation of a levy place**  **Authorised Signature: Date:**  **Name in Block Letters:**  **Date of Interview with applicant:**  **Interview Undertaken with Bournemouth University staff : YES/NO**  **Name of BU Interviewer:** | | | | |
| **4 ACADEMIC & PROFESSIONAL QUALIFICATIONS ALREADY ACHIEVED** | | | | | |
| Copies of your professional certificates, qualifications, degree / diploma certificates and evidence of credits and level for any modules completed **must** be submitted with your completed application form.  Have you already achieved a qualification at the same level of the apprenticeship you are applying for?  ◌ Yes ◌ No  If Yes, please ensure you have added this qualification in the table below. | | | | | |
|  | **Full Qualification Name/ Awarding Body**  **e.g. GCSE/ Functional Skills/ Key Skills** | | **Grade** | **Date Awarded** | |
| **Numeracy**  **NQF Level 2 or higher** |  | |  |  | |
| **Literacy**  **NQF Level 2 or higher** |  | |  |  | |
| **University / Awarding Institution / Examining Body** | **Higher Education Qualification / Module Title (title, subjects, class or grade)** | | **Credit Points Awarded & Level** | **Date Awarded** | |
|  |  | |  |  | |
| **Examinations or assessments to be taken or results pending** (if none, write ‘none’) | | | | | |
| **University / Awarding Institution / Examining Body** | **Higher Education Qualification / Module Title (title, subjects, class or grade)** | | **Credit Points & Level** | **Date Result Expected** | |
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| **5 PERSONAL DECLARATION** |
| The aim of the admissions process is to select students who have the ability and motivation to benefit from the programmes they intend to follow and who will make a contribution to the life of the University.  The process takes place within the context of the University's Equal Opportunities policy which expresses the University's commitment to a comprehensive policy of equal opportunities for students in which individuals are selected and treated on the basis of their relevant merits and abilities and are given equal opportunities within the University. The aim of the policy is to ensure that no prospective student or enrolled student should receive less favourable treatment on any grounds which are not relevant to academic ability or attainment.  It is, however, important that these aims are achieved without prejudice to the safety and well being of other members of the University community.  You are asked to state whether or not you have any relevant criminal convictions. Relevant criminal convictions are only those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974) are not considered to be relevant and you should not reveal them.  You must enter **x** in the box if either of the following statements applies to you  🞎 **I have a relevant criminal conviction that is not spent**  🞎 **I am serving a prison sentence for a relevant criminal conviction**  🞎 **I am currently undergoing investigation by NMC**  🞎  **I am working under conditions of practice from NMC**  If you enter **x** in the box you will not be automatically excluded from the application process. However, we will want to consider your application further and may require further information before making a decision.  I confirm that whether submitting this application form electronically or on paper, the information given in my application form 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 by-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 2018** 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 Information Commissioner.  The University may, at any time, ask you, your referee or employer to provide more information about your application (for example, proof of identity, status, qualifications or employment history). If we do not receive the information by a set date, or the information is not satisfactory, we can cancel your application.  I confirm that I will not be undertaking another apprenticeship or be in receipt of any DfE funding during my apprenticeship programme: this includes another apprenticeship or any other DfE funded FE-HE programme.  For those students who are applying through an official contracted representative of BU, information relating to your application and subsequent enrolment at BU may be shared with the relevant representative.  I understand that details of my progress and attendance may be released to my sponsor/employer.  I have received a copy of the Bournemouth University (BU) Student Agreement and understand that it is important that I read this before submitting my application as it will form the basis of the contractual relationship between me and the University. In addition, I understand that, before I start the apprenticeship, I will be required to sign a Commitment Statement which summarises the roles and responsibilities of me, my employer and the University to support the successful completion of the apprenticeship.  Applicant’s Name  Applicant’s Signature Date: |

**This page is for information only and does not need to be returned with your application**

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| **TIPS ON COMPLETING THIS FORM** |
| 1. It is important that you complete all sections of the application form in full. Incomplete application forms will cause a delay in the application process and may result in a lost place. Please read the Application Information before submitting these forms to ensure you have completed everything. 2. **Qualifications:** Ensure you have listed all your academic and professional qualifications including your professional registration. Don’t forget to include photocopies of your certificates, academic transcripts of results or credit awarded for courses/modules completed. This needs to include the evidence of your English and Maths (level 2).  Your application is assessed based on the information you provide. 3. **Annexes –** there are 3 annexes which must be completed and submitted with this form.   4 **Confirmation of your place**: The earlier you submit your application form the better. Each employer has different shortlisting processes so please discuss this thoroughly with your education lead. Your place on the course is not firm until you have received confirmation from the University. Once your application has been approved by both your employer and the University and you have completed the shortlisting process, you will receive an offer letter and further details. All correspondence is sent to your home address.  5 **Contact details for the Faculty of Health and Social Sciences Post-registration Admissions Team:  Address:** Post Registration Courses Admissions Office, Faculty of Health and Social Sciences, Bournemouth University, Room R109, Royal London House, Christchurch Road, Bournemouth BH1 3LT **Telephone:** 01202 962036 **Fax:** 01202 962041 **Enquires and applications :** [hsspostregadmissions@bournemouth.ac.uk](mailto:hsspostregadmissions@bournemouth.ac.uk) |

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| **PERSONAL DETAILS - CODES** | | |
| **Ethnicity Code** |  | |
| 11 White  16 Gypsy or Traveller  21 Black Caribbean  22 Black African  29 Black Other | 31 Indian  32 Pakistani  33 Bangladeshi  34 Chinese  39 Asian other  41 Mixed White & Black Caribbean | 42 Mixed White & Black African  43 Mixed White & Asian  49 Other Mixed Background  50 Arab  80 Other  98 Information refused |
| **Additional Needs Code** |  | |
| A No known disability  B Social/Communication impairment  C Visual Impairment | D Deafness  E Long Term illness  F Mental Health Condition  G Learning Difficulty | H Physical Impairment  I Other  J Multiple Disabilities  T Autistic Spectrum Disorder |

**ANNEX 1**

**MANAGER’S SUPPORT STATEMENT**

(Please complete, print, sign and return with your application)

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| Name of applicant: |  | |
| Workplace of applicant: |  | |
| Name of supporting manager: |  | |
| Email of supporting manager: |  | |
| Tel number of supporting manager: |  | |
| Name of Employing organisation: |  | |
| Manager’s support: | | Met |
| 1. I confirm that this applicant is in a role where he/she can fulfil the Advanced Clinical Practitioner standard within the organisation named above. | | Yes/No |
| 1. I confirm that the applicant wants to be an Advanced Clinical Practitioner and we have discussed the apprenticeship standard and both believe the role can be fulfilled by this person. | | Yes/No |
| 1. I confirm that the applicant is not subject to any current formal/informal investigation/action plan. | | Yes/No |
| 1. I confirm that this applicant has up to date and current statutory/mandatory training. | | Yes/No |
| 1. I confirm that, to the best of my knowledge, there is no reason why this applicant cannot complete all required elements of the Advanced Clinical Practitioner Apprenticeship, including attendance at off-the-job training. | | Yes/No |
| 1. I confirm that this applicant will be allocated an appropriate supervisor and assessor (Qualified ACP/ANP or middle grade or above medical doctor) and his/her line manager will offer the required support when undertaking on-the-job training. | | Yes/No |
| 1. I confirm that the applicant is not on any other formal academic programme of study.   If the applicant is studying, please give details - | | Yes/No |
| 1. I confirm that the applicant will work more than 30 hours per week including the study day at University. | | Yes/No |
| 1. I confirm that I will approve annual leave in accordance with the curriculum map. | | Yes/No |
| 1. I confirm that this applicant was recruited to their current role using a values based recruitment procedure. | | Yes/No |

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| Signature of manager: |  |
| Date: |  |
| E Mail of manager: |  |

**ANNEX 2**

**WRITTEN STATEMENT FROM APPLICANT IDENTIFYING EXISTING KNOWLEDGE BASE**

(Please complete, print, sign and return with your application)

|  |  |
| --- | --- |
| Name of applicant: |  |
| Signature of applicant: |  |
| Date: |  |

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| Please identify the broad areas of knowledge that you have which enable you to undertake your current role satisfactorily: Please use no less than 180 and no more than 220 words. Please note that your spelling, punctuation and grammar will be taken into account. |
|  |

**ANNEX 3**

**WRITTEN STATEMENT FROM APPLICANT IDENTIFYING KNOWLEDGE BASE REQUIRED**

(Please complete, print, sign and return with your application)

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| Please identify the broad areas of knowledge that you expect to learn during the Advanced Clinical Practitioner Apprenticeship: Please use no more than 200 words. Please note that your spelling, punctuation and grammar will be taken into account. |
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| I confirm that this is my own work and not that of someone else or a group of people. |
| Signature of applicant: |
| Date: |