**Faculty of Health and Social Sciences**

**Application form for**

**Return to Nursing Practice**

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| **IMPORTANT:**  Please read the accompanying notes on page 5 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:** |

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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/ Dr** | |
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| **First Names (in full)** | | | | | **Preferred Name** | | |
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| **Previous Name (if changed)** | | | | | | | |
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| **Male** ❑ **Female** ❑ | | | **Date of Birth** (dd/mm/yy) | | | | |
| **Home Address** | | | | | | | |
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| **Post Code** | **Email** | | | | | | |
| **Telephone** (inc international/STD code) | | | | **Mobile Number** | | | |
| **Branch of Register you wish to return to:**  Adult (General) / Child / Learning Disability / Mental Health | | | | **NMC(UKCC) PIN :**  **Date of last registration (expiry date):**  **Proof supplied ? Yes No** | | | |
| **Nationality** (e.g. British, Spanish, Chinese etc). If you have dual nationality, please state both | | | | | | | |
| What is your home country? | | | | | | | |
| In which country have you been living for the last 3 years? | | | | | | | |
| **Ethnic Origin** please enter the appropriate code from the list on page 5 | | | | | | |  |
| **Additional Needs** please enter the appropriate code from the list on page 5       (this will not adversely affect your application for a place) | | | | | | | |

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| **2 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. | | | | | |
| **University / Awarding Institution / Examining Body** | **Higher Education Qualification / Module Title (title, subjects, class or grade)** | | | **Credit Points Awarded & Level** | **Date Awarded** |
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| **Professional registrations or certifications** | | | | | |
| **Professional body/council** | | **Type of registration** | **Date of registration** | | |
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| **3 FEES – Who is paying your tuition fees for the course/unit?** | | | | | |
| **Health Education England** 🞎  **Employer Education Lead To Authorise And Confirm Provision Of NMC Educational Audited Placement**  **Authorised Signature**: **Date**:  **Name in Block Letters**: | | | | | |
| **Sponsored - other 🞎**  If you are being sponsored by your employer or other organisation, you will be sent a Payment Agreement for Tuition Fees. This form **must** be returned by the student on or before the first day of the course with the sponsorship section fully completed. **Note:**  It is the student’s responsibility to ensure that this form is returned to the University. Failure to do so will result in the student being required to pay the fees.  If known, please indicate the percentage of fee your sponsor will be paying (e.g. 100%)  **Employer Signature**: **Date**:  **Name in Block Letters**: | | | | | |

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| **4 LEARNING AGREEMENT** |
| To ensure this programme fully meets the needs of both student and clinical placement provider, it is important that everyone involved should appreciate the nature of the investment required and the outcomes that can be reasonably expected. As part of the application process all parties involved are asked to confirm this commitment in writing via this Learning Agreement.  By signing this agreement:   1. The student agrees to attend all university sessions, undertake and complete the associated assignment within the stipulated time scale, and complete a minimum of 150 hours practice placement. 2. The Manager agrees to support the student by releasing them for the university sessions, and providing a Practice Assessor and Supervisor to confirm completion of the placement and Practice Assessment Document.   It is the **student’s** responsibility to ensure completion of the following, which takes the form of an agreement.  **THE STUDENT**  I……………………………………… agree to undertake the Return to Nursing Practice programme and complete the associated assignment within the stipulated time scale (maximum registration – 1 year).  Signed: Date:  **THE LINE MANAGER or NHS TRUST EDUCATION LEAD**  I …………………………………………………………………… agree to support the student by agreeing an off duty rota to support their study requirements and confirm that there will be a Practice Assessor and Supervisor provided in order to complete the programme. An educational audit has been carried out on the placement (N.B. If the audit is not from BU, a copy of the HEI audit may need to be included).  Signed: Date:  Email: …………………………………………………………………. Telephone number…………………….  **PLACEMENT DETAILS**  Lead contact name  Name of placement area  Address    Telephone number Email address |

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| **5 PERSONAL STATEMENT** Please indicate your reasons for choosing the programme applied for, career aspirations and any other information that you wish us to know about when considering your application. Give a brief description of your current role and current clinical area. Please continue on a separate sheet if necessary |
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| **6** **DATA PROTECTION** |
| Our privacy notice explains how and why we will process your personal data in connection with your application. This is available on-line at <https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy/student-recruitment-admissions-privacy-notice>, or you can request a copy from [hsspostregadmissions@bournemouth.ac.uk](mailto:hsspostregadmissions@bournemouth.ac.uk). This covers data you provide in this application form and data we collect about you from third parties such as referees. It is important that you read the privacy notice before you submit the form, so that you understand how your data will be used and shared.  If we accept your application, details of your attendance, progress and outcomes on the course will be disclosed to your employer or any other sponsor organisation identified in section 5 of this form (unless you are funding 100% of the course fees yourself). |
| **7 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.  However, as explained above and in the notes, to meet professional body requirements it is necessary for us to confirm you have undertaken an Enhanced DBS Check, confirm your professional status and identify any issues or concerns with regard to your professional competence or practice which might affect your suitability for a return to nursing practice course.  **Declaration**  I understand that, by submitting this application form whether electronically or on paper, I confirm that the information given in my application form is true, complete and accurate, and that no information requested or other material information has been omitted (except where I have chosen not to provide information in the Ethnicity or Additional Needs/Disability sections above. I accept that, if this is not the case, the University may cancel my application and any subsequent offer and I shall have no subsequent claim against the University  I will supply any additional information that may be required by Bournemouth University in order for my application to be verified. I will advise Bournemouth University of any material changes to the information provided on this form, in particular with regard to my professional status.   * The signature of your supporting manager * A completed fees section and Payment Agreement * Copies of all accredited higher education qualifications  ***(If the name is different on the qualification and the application we require evidence of the name change, such as a marriage certificate or change of name deed)*** * A completed Declaration of Support for Practice Supervision and Assessment form * Proof of your previous registration with the NMC (UKCC) * Declaration of support for Practice Assessment and Supervision.   **We will not be accepting applications unless all of the above information is included**  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. 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. Please remember to include proof of your previous NMC (UKCC) registration and the date it lapsed.   Your application is assessed based on the information you provide 3. **Sections of the form to be signed**. There are three sections which need to be signed. Please note these all need to be completed in order for your application to be processed.  * **Section 4** – **Learning Agreement** **Supporting Manager and/or NHS Trust Education Lead** will need to sign this section * **Section 5** – **Fees** – One section needs to be completed as follows: * **A**  - if the unit or course is funded as part of the HE Wessex contract. This must be signed by an authorised signatory for your organisation. * **B** – if the employer is sponsoring * **Section 7** – **Personal Declaration** – you, the applicant, must sign this section   5 **Confirmation of your place**: The earlier you submit your application form the better. Your place on the course/module is not firm until you have had an interview and received confirmation from the University. If we receive your application less than 6 weeks prior to the start date there may not be time to process it and you may be unable to access certain facilities on your first day. Once your application has been approved, you will receive an offer letter and further details. All correspondence is sent to your home address.  6 **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 964444 **Enquires:** [hsspostregadmissions@bournemouth.ac.uk](mailto:hsspostregadmissions@bournemouth.ac.uk)  **Applications only**: [hsscpdapplications@bournemouth.ac.uk](mailto:hsscpdapplications@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 |

**Declaration of support for Practice Assessment and Supervision for Return to Nursing Practice**

The NMC Standards for student supervision and assessment identify three roles within the assessment of all programmes. Each of these roles should be identified prior to commencement on your course.

Name of student:

Intake Applied for:

**Practice Assessor**

A practice assessor must be a registered nurse with appropriate equivalent experience for the student’s field of practice.

Declaration of Practice Assessor – I agree to act in the capacity of Practice Assessor for the above student, for the duration of their programme. I confirm that I meet the criteria for the role of Practice Assessor. I will provide support for the student to support their development as necessary for meeting the Return to Practice Standards and programme outcomes and assess the student’s suitability for award based on the successful completion of a period of practice based learning relevant to their field of practice. I confirm that I am aware of the responsibilities of the practice assessor, as described by the NMC (2018) Part 2: Standards for student supervision and assessment.

Name of Practice Assessor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Practice Assessor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace of Practice Assessor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NMC Pin of Practice Assessor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Practice Supervisor**

Practice supervision enables students to learn and safely achieve proficiency and autonomy in their professional role. All NMC registered nurses, midwives can supervise students, serving as role models for safe and effective practice. Students may be supervised by other registered health and social care professionals.

Declaration of Practice Supervisor – I agree to act in the capacity of Practice Supervisor for the above student, for the duration of their programme. I confirm that I meet the criteria for the role of Practice Supervisor. I confirm that I am aware of the responsibilities of the practice assessor, as described by the NMC (2018) Part 2: Standards for student supervision and assessment.

Name of Practice Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Practice Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace of Practice Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Academic Assessor**

Bournemouth University will allocate you an Academic Assessor upon enrolment. This will be a member of the Return to Practice team who is a registered with the NMC and the same field of practice as you.