**Faculty of Health and Social Sciences**

**Application form for**

**CPD Modules and Programmes**

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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**: [hsspostregadmissions@bournemouth.ac.uk](mailto:hsspostregadmissions@bournemouth.ac.uk)  **(Please provide both home and work email addresses as your confirmation is sent via email.)** |

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| **1 COURSE DETAILS** | | | | | | | | | | | | | | |
| **Unit or Course Title -** Please ensure this is consistent with the title on our course website or in our CPD prospectus | | | | | | |  | | | | | | | |
| **Level of Study : Level 6** ❑ | **Level 7** ❑ | | | | **Intake applying for:** | | | |  | | | | | |
| **Have you studied at Bournemouth University before?** Yes ❑ No ❑  If YES, please give your student reference number | | | | | | | | | | | | | | |
| **2 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** | | |
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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) | | | | | | | | |
| **NMC / HCPC or Professional PIN (If applicable)       Expiry Date:** | | | | | | | | | | | | | | |
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| **Home Address** | | | | | | | | | | | | | | |
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| **Post Code** | | | **Email** | | | | | | | | | | | |
| **Telephone** (inc international/STD code) | | | | | | | | | **Mobile Number** | | | | | |
| **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 6 | | | | | | | | | | | | |  | |
| **Additional Needs** please enter the appropriate code from the list on page 6       (this will not adversely affect your application for a place) | | | | | | | | | | | | | | |
| **3 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 20 hours per week? Yes** 🞎 **No** 🞎 | | | | | | | | | | | | | | |
| **4 SUPPORTING MANAGER – to be completed by your Manager (if applicable)** | | | | | | | | | | | | | | | |
| I support this application and confirm that the necessary study time has been agreed and that practice-based opportunities and clinical assessment (if applicable) will be available for the duration of the unit applied for | | | | | | | | | | | | | | | |
| **Signed:** | | | | | | | | | | **Name in Block Letters** | | | | | |
| **Telephone number & extension** (inc international / STD code) | | | | | | | | | | | | | | | |
| **Email** | | | | | | | | | | | | **Date** | | | |
| **5 FEES – Who is paying your tuition fees for the course/unit?** | | | | | | | | | | | | | | | |
| **(A) Health Education England 🞎 Tick here if your fees will be paid by an NHS organisation using HEE funds**  **TRUST EDUCATION LEAD TO COMPLETE -** Authorisation of allocation of a contracted place  **Authorised Signature**: **Date**:  **Name in Block Letters**: | | | | | | | | | | | | | | | |
| **(B) Self-Funded 🞎**  If you are paying all or some of your tuition fee, you will be sent a Payment Agreement for Tuition Fees. This form must be returned on or before the first day of the course with your payment.  If known, please indicate the percentage of fee you will be paying (e.g. 100%)  I agree to pay for the tuition fees for the above stated unit/course  **Signature**: **Date**:  **Name in Block Letters**: | | | | | | | | | | | | | | | |
| **(C) Sponsored - other 🞎 Tick here if your fees will be paid by an organisation other than HEE e.g. an NHS employer not using HEE funds.**  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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| **6 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** |
|  |  |  |  |
| **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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| **Professional registrations or certifications** | | | |
| **Professional body/council** | **Type of registration** | **Date of registration** | |
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| **7 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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| **8. 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). |
| **9 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.  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 Equality section, including any decision not to declare a disability). 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.  Applicant’s Name  Applicant’s Signature Date:  **Before submitting this form, please ensure you have included;**   * The signature of your supporting manager (essential for prescribing courses – unless you are self-employed) * A completed fees section and Payment Agreement (if you are being sponsored or are self-funding) * 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 Designated Medical Practitioner/Practice Assessor form (for prescribing courses only)   **We will not be accepting applications unless all of the above information is included** |

**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. **Level of study**: A number of modules are available at different academic levels of study: Level 5 (diploma level), Level 6 (degree level), or Level 7 (masters level). Where this is the case, it is important you indicate the level you wish to study at. You will be enrolled on the unit at the level you request, and it is not normally possible to change level once you have enrolled. 3. **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.  Your application is assessed based on the information you provide 4. **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** – **Supporting Manager** – your Manager (if applicable) will need to sign this section before the form is passed for authorised funding approval. * **Section 5** – **Fees** – One section needs to be completed as follows: * **A** - if the unit or course is funded as part of the LBR contract or other specialist contract. This must be signed by an authorised signatory for your organisation. * **B** – if the student is self-funding the course or unit of study * **C** – if the employer is sponsoring * **Section 9** – **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 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 **Submitting application forms** – unless you are paying for your module/course yourself, your application form must be submitted via your Trust/organisation Education/Learning & Development Lead.  7 **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) |

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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 |

**PAYMENT AGREEMENT FOR TUITION FEES 2019/20**

**Faculty of Health & Social Sciences**

**PLASE MAKE SURE YOU READ AND UNDERSTAND THE WHOLE DOCUMENT BEFORE SIGNING**

**STUDENT AND COURSE DETAILS (Please use capitals)**

|  |  |  |  |
| --- | --- | --- | --- |
| **LAST NAME / SURNAME** |  | | |
| **FIRST NAMES** |  | | |
| **STUDENT REFERENCE NO** |  | | |
| **COURSE / UNIT OF STUDY** |  | | |
| **DATE OF BIRTH** |  | | |
| **EMAIL ADDRESS** |  | | |
| **CONTACT TELEPHONE NO** |  | **MOBILE NO** |  |

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| **19/29 TUITION FEES** |  | **£** |  |

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| **PAYMENT DETAILS** |  |  |  |
| **COMPANY/ORGANISATION SPONSORED** | **£** |  |  |
| **BANK TRANSFER** | **£** |  |  |
| **CREDIT/DEBIT CARD**  *(Please contact BU Finance on 01202 961600 to make payment)* | **£** |  |  |
| **TOTAL PAYMENT** | **£** |  |  |

**SELF FUNDED TUITION FEES MUST BE PAID PRIOR TO ENROLMENT**

Payment can be made direct to the University’s bank account using the following details:

Bank: Barclays Bank plc, PO Box 1, Bournemouth Town Branches, Bournemouth, BH1 1ER

Sort Code: 20-12-04

Account No: 80188921

IBAN: GB24 BARC 2012 0480 1889 21

SWIFT/BIC: BARCGB22

The payment should be in the University bank account **no later than 2 weeks prior to the commencement of the course**. Should payment not be received in the required time you may lose your place on the course.

If you have chosen this method of payment please provide the following:-the amount; the date the payment was made through your bank and the payment advice issued to you by your bank.

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| **PAYMENT REF** |  |

***I understand I am personally liable for full payment of fees and have enclosed an appropriate method of payment in adherence to the instructions enclosed within.***

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| --- | --- | --- | --- |
| **SIGNATURE** |  | **DATE** |  |

*Please do not write below this line (for Finance use only)*

**COMPANY/ORGANISATION SPONSORED DETAILS (Please use capitals)**

Receipt No

Amount Paid  
£

Invoice Number:

**Note**: This form should be presented by you to your employer or other third party when your course fees are to be paid in full or in part by third party sponsorship. You will be unable to enrol if this form is not fully completed by your Sponsor. BEFORE RETURNING THIS FORM IT MUST BE SIGNED BY AN AUTHORISED SIGNATORY – within an NHS organisation this is usually the Education Lead.

***All lines to be completed by the Company/Organisation Sponsor.***

**This is to confirm that we will meet payment of the tuition fees for the under-mentioned student for his/her course at Bournemouth University prior to course commencement. The University will raise an invoice under normal trading terms, i.e. payment in full within 30 days of date of invoice.**

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| --- | --- | --- | --- |
| **Company/**  **Organisation Name** |  | | |
| **Invoice Address** |  | | |
| **Telephone Number** |  | **Email Address** |  |

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| --- | --- | --- | --- |
| **Sponsor Contribution (£)** |  | **Contact Name**  **(Please Print)** |  |
| **Student Contribution (£)** |  | **Signed** |  |
| **Purchase Order Number** |  | **Date** |  |

**STUDENT TUITION FEES POLICY AND PROCEDURES: ACADEMIC YEAR 2019-20**

Bournemouth University is committed to a fair and transparent policy in respect of tuition fee charges made to students. This is reflected in the assumption that it is students who carry the ultimate liability for payment of all fees charged by the University. The University reviews its fee policy on an annual basis and fees may therefore change each year unless otherwise specified.

**Student Fees Policy 2019-20 – Failure to Pay Tuition Fees**

*Should students fail to pay any tuition fees and ignore requests for payment or fail to agree a repayment plan with the University, the sanctions set out below may be applied:*

*Withdrawal of student library borrowing rights; and/or Withdrawal of student IT rights; and/or Withdrawal from programme of study. Additionally, students will not be permitted to re-enrol; and not be issued with a final award certificate.*

*Tuition fee debts may be referred to external solicitors to pursue recovery of the debt.*

Withdrawal Policy

A copy of the Bournemouth University’s withdrawal policy (and other fee-related information) can be found at the following web address: <https://www1.bournemouth.ac.uk/students/help-advice/important-information>

**Please return this form to:** Programmes Administration Office, R109, Royal London House, Bournemouth University, Christchurch Road, Bournemouth BH1 3LT