

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
(Please provide both home and work email addresses as your confirmation is sent via email.)

1 COURSE DETAILS

Which course are you applying for:

Independent & Supplementary Prescribing for Nurses & Midwives

Supplementary & Independent Prescribing for Physiotherapists/Podiatrists/Chiropodists

Supplementary Prescribing for Allied Health Professionals

Intake applying for:

Level of study: (for Independent & Supplementary Prescribing for Nurses & Midwives only) **Level 6** **Level 7**

Have you commenced on a NMC/HPCP/Professional body approved prescribing course at any university before?

Yes **No**

If YES, please state your reason for not completing the course

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**

First Names (in full) **Preferred Name**

Previous Name(s) (if changed)

Male/Female **Date of Birth (dd/mm/yy)**

NMC / HCPC or Professional PIN **Expiry Date:**

Home Address

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?

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 | | Date started in current role: |
| Trust / Organisation | | |
| Ward / Department / Unit | | |
| Hospital | | |
| Address | | |
| Post Code | | Telephone (inc international / STD Code) |
| Email | | |
| 4 EMPLOYMENT HISTORY | | Please provide details of your employment history over the last five years. |
| Dates (From / To) | Workplace & Specialism | Brief description of job role |
| | | |
| | | |
| 5 DISCLOURE BARRING SERVICE (DBS) CHECK | | |
| You are required to have an Enhanced Criminal Records Bureau check within the last 3 years at the start of the course | | |
| Date of DBS (CRB) Check | | |

6 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 with a designated medical practitioner will be available

| | |
|---------------|------------------------------|
| Signed | Name in Block Letters |
|---------------|------------------------------|

Telephone number & extension (inc international / STD code)

| | |
|--------------|-------------|
| Email | Date |
|--------------|-------------|

7 FEES – who is paying your tuition fees for the course?

(A) Health Education England
LBR 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 course

Signature:..... **Date:**.....

Name in Block Letters:

(C) Sponsored

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 you will be paying (e.g. 100%)

Employer's Signature: **Date:**.....

Name in Block Letters:

8 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 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 |
|--|---|-----------------------|----------------------|
| | | | |

9 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

| |
|--|
| |
|--|

10 NURSING & MIDWIFERY COUNCIL DECLARATION

Are you currently under any investigation of Fitness to Practice with the NMC/HPCPC/ other Professional Body?

Yes No

Do you have any conditions of Practice? Yes No

If yes, please give details

11 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**

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 1984, 1998 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 Data Protection Registrar.

The University may, at any time, as 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.

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.

Applicant's Name

Applicant's Signature..... Date:

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

| PERSONAL DETAILS - CODES | | |
|------------------------------|----------------------------------|----------------------------------|
| Ethnicity Code | | |
| 11 White British | 29 Black Other | 42 Mixed White & Black African |
| 12 White Irish | 31 Indian | 43 Mixed White & Asian |
| 19 White Other | 32 Pakistani | 49 Other Mixed Background |
| 21 Black Caribbean | 33 Bangladeshi | 80 Other |
| 22 Black African | 34 Chinese | 98 Information refused |
| | 41 Mixed White & Black Caribbean | |
| Additional Needs Code | | |
| 00 No known disability | 31 Deaf (BSL user) | 60 Mental health difficulties |
| 10 Dyslexia | 32 Deaf (non BSL user) | 71 Diabetes |
| 11 Dyspraxia | 33 Hearing Impaired | 72 Epilepsy |
| 12 Dyscalculia | 34 Lipreader | 73 Asthma |
| 13 ADD/HD | 41 Wheelchair user | 80 Multiple disabilities |
| 14 Asperger's Syndrome | 42 Mobility difficulties | 91 Chronic Fatigue Syndrome (ME) |
| 21 Blind | 50 Personal care support needed | 90 Disability not listed above |
| 22 Partially Sighted | | |

TIPS ON COMPLETING THIS FORM

- 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.
- Level of study:** A number of modules are available at different academic levels of study: Level I (diploma level), Level H (degree level), or Level M (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.
- 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
- 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 6 – Supporting Manager** – your Manager (if applicable) will need to sign this section before the form is passed for authorised funding approval.
 - Section 7 – 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 10 – Personal Declaration** – you, the applicant, must sign this section
- 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.
- 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.
- Contact details for the Faculty of Health & Social Sciences Post-registration Admissions Team:**

Address: Post Registration Courses Admissions Office, Faculty of Health and Social Science, Bournemouth University, Room R109, Royal London House, Christchurch Road, Bournemouth BH1 3LT
Telephone: 01202 962036
Fax: 01202 962041
Email: hscpostregadmissions@bournemouth.ac.uk

| LBR TRUST AUTHORISED SIGNATORIES | | | |
|---|--|--|--|
| Trust | Authorised Signatories | Telephone | Email |
| Avon, Wilts Mental Health Partnership | Kathleen Bond Chantelle Jackson | 0117 3784464 | Kathleen.bond@nhs.net chantelle.jackson1@nhs.net |
| Dorset County Hospital NHS Foundation Trust | Nicola Tutton Tina Jackson | 01305 255201 01305 255178 | Nicola.tutton@dchft.nhs.uk Tina.jackson@dchft.nhs.uk |
| Dorset Healthcare NHS Foundation Trust | Ashley Ellis Kerry Curran Lorraine Climo | 01202 277183 01202 277171 01202 277169 | ashley.ellis@dhuft.nhs.uk Kerry.curran@dhuft.nhs.uk Lorraine.climo@dhuft.nhs.uk |
| Great Western Hospitals NHS Foundation Trust (Community) | Shelley Knight Elizabeth Dabner | 01793 604437 01793 604168 | Shelley.knight@gwh.nhs.uk Elizabeth.dabner@gwh.nhs.uk |
| Hampshire Hospitals NHS Foundation Trust | Donna May | 01962 824123 | Donna.may@hhft.nhs.uk |
| Isle of Wight NHS Trust | Jenny Honeyman | 01983 822099 Extn 5358 | Jenny.honeyman@iow.nhs.uk |
| Poole Hospital NHS Foundation Trust | Jonathan Harding Lisa Harrison | 01202 442389 01202 448026 | jonathan.harding@poole.nhs.uk lisa.harrison@poole.nhs.uk |
| Portsmouth Hospitals NHS Foundation Trust | Louise Hatch Sarah Caley | 023 922 8600 Extn 1202 023 922 8600 Extn 1202 | Louise.hatch@porthosp.nhs.uk sarah.caley@porthosp.nhs.uk |
| Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust | Alice Girling Lisa Morgan | 01202 303626 extn 5893 01202 303626 Extn 6501 | alice.girling@rbch.nhs.uk lisa.morgan@rbch.nhs.uk |
| Salisbury NHS Foundation Trust | Juliet Borwell Kelly Budgell | 01722 336262 Extn 5832 01722 336262 Extn 4489 | Juliet.borwell@salisbury.nhs.uk Kelly.budgell@salisbury.nhs.uk |
| Solent NHS Trust | Glynis Fortes Stephanie Bellows | 023 8060 8867 023 8053 8701 | glynis.fortes@solent.nhs.uk Stephanie.bellows@solent.nhs.uk |
| Somerset Partnership NHS Foundation Trust | Jess Henry | 01278 432134 | Jess.henry@sompar.nhs.uk |
| Southern Health NHS Foundation Trust | Lorraine Grace Mary Hillier | 023 8047 5169 023 8047 5171 | Lorraine.grace@southernhealth.nhs.uk mary.hillier@southernhealth.nhs.uk |
| Taunton & Somerset NHS Foundation Trust | Wendy Powell Rachael Delafeild | 01823 344566 01823 343538 | Wendy.powell@tst.nhs.uk Rachael.delafeild@tst.nhs.uk |
| University Hospital Southampton NHS Foundation Trust | Alison Trenerry Laura Smith | 023 8120 4917 023 8120 8679 | Alison.trenerry@uhs.nhs.uk Laura-marie.smith@uhs.nhs.uk |
| Yeovil District Hospital NHS Foundation Trust | Ed Moore Elaine Cox | 01935 384585 01935 384529 | Edward.moore@ydh.nhs.uk Elaine.cox@ydh.nhs.uk |