School of Health and Social Care
Module Application Form

Please type or use block capitals to complete ALL sections of this form

Title and code of module:

Campus/Site:

Start Date:

Please select Level - Level 6 or Level 7 (delete as appropriate)
and
Number of Credits - 0 15 30 60 (delete as appropriate)

1. Personal Details

Surname        Title Mr/Mrs/Miss/Ms (delete as appropriate)
First names (in full)         Male/Female (delete as appropriate)
Maiden name (if applicable)
Home address

Post code
Telephone number         Email address

*Employer:
Employer Address:

Date of birth         *NMC/HPC PIN (if applicable)
Country of birth       Nationality (as on passport)

2. Proposed source of funding

Health Education (East of England) ☐
Employer Funded ☐
Self-Funded ☐
Other (please specify)

Has this funding been approved? Yes ☐ No ☐

If you have confirmed funding through your workplace, please complete this section:

Name and position of authorising member of staff (print name):

Signature of authorising member of staff: …………………………………………………………….. Date: ………………….

If you require an invoice for your fees to be sent to your employer, please give contact details and address below:

If you have any queries relating to funding, please e-mail cpd@essex.ac.uk
3. Academic and professional qualifications (if applicable)

<table>
<thead>
<tr>
<th>Date of award</th>
<th>Awarding Institution</th>
<th>Course Title/Subject</th>
<th>Result</th>
</tr>
</thead>
</table>

Have you previously studied at the University of Essex?  Yes  No

4. Employment History (past and current)

<table>
<thead>
<tr>
<th>Dates of employment</th>
<th>Place of employment</th>
<th>Job Title</th>
</tr>
</thead>
</table>

5. Clinical profession

<table>
<thead>
<tr>
<th>Clinical profession</th>
<th>Please give job title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>□</td>
</tr>
<tr>
<td>Midwife</td>
<td>□</td>
</tr>
<tr>
<td>Allied Health Professional</td>
<td>□</td>
</tr>
<tr>
<td>Health Care Scientist</td>
<td>□</td>
</tr>
<tr>
<td>Other</td>
<td>□</td>
</tr>
<tr>
<td>Unknown</td>
<td>□</td>
</tr>
</tbody>
</table>

For Office use (NMC/HPC recordable modules only)

First level/Second Level Registration (Delete as appropriate for NMC PIN)
Registration confirmed by: ..................
Approved by Module/Programme Lead

5. Have you applied to study at this University before?  If so, please give details

Any other comments relevant to this application?
Data Protection Act 1998

The University of Essex has a notification under the Data Protection Act 1998 to enable it to hold and process personal data about its students for the purposes of maintaining their academic and related records. The information supplied on this form will be held under the terms of the Act; it will be kept secure and accurate and will only be disclosed to people who have a need to know in accordance with the Act. Your attendance and Examination Board ratified module marks will be shared with your sponsoring Trust. If you do not wish this to happen, you are responsible for asking your line manager to communicate with the School to this effect.

*Please note that the information on this application form is required for registration purposes only.*

Applicant’s signature ………………………………………………… Date……………………………………

*Line Manager’s signature*……………………………………………… Date……………………………………

*Print Name

<table>
<thead>
<tr>
<th>DBS complete and verified by Employer</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I confirm that this applicant is of good health and character</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

Education Liaison Manager’s signature……………………………………………………………………………..Date……………………………………

For applicants funded from NHS Contracts, please return this to your Education Liaison Manager (who will authorise it and return it to HSC on your behalf); for all other applicants, please sign and confirm payment details, then return the form to the HSC Contracts Administrator (SHSC, University of Essex, Wivenhoe Park, Colchester, Essex CO4 3SQ / cpd@essex.ac.uk)

*essential to complete
EQUAL OPPORTUNITIES
This form will be detached.
Please complete and return it with your application.
The information you provide will be held on database and will only be used for statistical analysis by HESA and certain other bodies that deal with the funding of education.
Thank you.

PERSONAL DETAILS
Last name
Title (eg. Mr, Mrs, Ms)
First name(s) (for official purposes)
Preferred first name
Date of birth
Gender *delete as necessary MALE / FEMALE *
Your Nationality

Your Ethnicity (please tick):

White
White British
White Irish
Other White Background

Black or Black British
Black or Black British - Caribbean
Black or Black British - African
Other Black background

Chinese

Other Ethnic (please describe)

Description ..........................................

Disability (please tick any which you consider apply to you).
In addition to providing information for HESA, completion of this section will assist the University in understanding the needs and requirements of disabled staff and also allow us to work towards meeting our obligations under the Disability Equality Duty.

00 No known disability
51 Specific learning disability (such as dyslexia or dyspraxia)
52 General learning disability (such as Down's syndrome)
53 Cognitive impairment (such as autistic spectrum disorder or resulting from head injury)
54 Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
55 Mental health condition (such as depression or schizophrenia)
56 Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches)
57 Deaf or serious hearing impairment
58 Blind or serious visual impairment
96 Other type of disability
97 I do not wish to provide this information