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| **School of Sport, Rehabilitation and Exercise Sciences** Postgraduate Modular Programme Application Form **1. Title of Programme**  Please indicate which programme or course you are applying for by ticking the appropriate box.  If the programme you wish to apply for is not listed on this page, please contact the School for advice – some programmes offered have separate application forms.  If applying for a full-time programme, please make an application online at: <https://www.essex.ac.uk/pgapply/enter.aspx> | | | | |
| **Title of award**  Musculoskeletal Ultrasound Imaging  Advanced Musculoskeletal Assessment and Practice | | | Also select level  of award | **Level of award**  MSc/Masters  PG Diploma  PG Certificate |
| **1. Postgraduate Taught Modular Programmes**  If you are applying for a standalone module, please use the module application form here: <https://www1.essex.ac.uk/sres/documents/sres-cpd-application-form.doc>  **2. Personal Details**  Surname/Family name (in BLOCK capitals)  Other names in full  Former Surname  Title (Mr/Mrs/Miss/Ms/Dr)       NMC/HCPC number (if applicable)  Male/Female  Date of birth  Nationality       Place of birth       (Country if overseas nationality, County if UK nationality)  Country of Origin      Country of Permanent Residence  **Home address:**      Post code  Telephone number     . Email address | | | | |
| **Employment Details**  **Professional Category** | | | | |
| **Clinical profession** |  | **Please give job title** | | |
| Nursing / Midwifery |  |  | | |
| Allied Health Professional |  |  | | |
| Other clinical profession |  |  | | |
| **Other Non-clinical profession** |  |  | | |
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| **Work address**      Post code | | | | |

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| **3. Academic qualifications** (if applicable)  Give full details, **with supporting evidence such as copies of certificates**, of qualifications including final classification/grade(s). | | | | | | | | |
| Dates | | College/University | Course Title/Subject | | | Classification or  grade(s) | Date Awarded | |
| From | To |
|  |  |  |  | | |  |  | |
| **4. Employment History** (past and current) | | | | | | | | |
| Dates | | Place of employment | Position held / duties involved | | | | | |
| From | To |
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| **5. Languages**  If English is not your first language, please give English qualifications (for example TOEFL or IELTS) and level and date obtained: | | | | | | | | |
| **6. Fees Classification**  Permanent Residence  UK  EU  Country: ……….…………………… Outside EU  Country ...........…………………………  If you are already following a course in the UK, please indicate how you have been classified for fees purposes:  Home Student  European Union Student  Overseas Student  Is the length of your stay in the UK currently limited by immigration control? If yes, give details    If you were born in the UK or EU but are working temporarily outside the EU, please give dates, countries and occupations | | | | | | | | |
| **7. Source of finance**  Proposed source of finance:  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](mailto:cpd@essex.ac.uk) | | | | | | | | |
| **8. Disabled applicants and applicants with individual requirements**  If you have a disability, medical condition, access requirement or individual need that means you may require extra support or specific facilities for accommodation, please briefly state your requirements (can be continued on additional paper). | | | | | | | | |
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| **9. Have you applied to study at this University before?**  If so, please give details | | | | | | | | |
| **10. How did you find out about the course?** | | | | | | | | |
| Applicant’s signature ……….....................................……………………………………Date…………………….……...  **\*Line Manager’s signature**..………………………....................................…………Date…………………….……...  **\*Print Name** ……………………………………………………… | | | | | | | | |
| DBS complete and verified by Employer | | | | | | | | Yes/No |
| I confirm that this applicant is of good health and character | | | | | | | | Yes/No |
| **Please return the completed form with supporting evidence to:** | | | | | | | | |
| School of Sport, Rehabilitation and Exercise Sciences  University of Essex,  Wivenhoe Park,  Colchester  Essex CO4 3SQ | | | | | Telephone:01206 873350 / 873354  e-mail: sres@essex.ac.uk | | | |
| 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.*** | | | | | | | | |

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| **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** |  |  |  | **Asian or Asian British** |  |  | | White British |  | 11 |  | Asian or Asian British - Indian |  | 31 | | White Irish |  | 12 |  | Asian or Asian British - Pakistani |  | 32 | | Other White Background |  | 19 |  | Asian or Asian British - Bangladeshi |  | 33 | | **Black or Black British** |  |  |  | Other Asian background |  | 39 | | Black or Black British - Caribbean |  | 21 |  | **Mixed** |  |  | | Black or Black British - African |  | 22 |  | Mixed - White and Black Caribbean |  | 41 | | Other Black background |  | 29 |  | Mixed - White and Black African |  | 42 | | **Chinese** |  |  |  | Mixed - White and Asian |  | 43 | | Chinese |  | 34 |  | Other Mixed background |  | 49 | | **Other Ethnic (please describe)** |  |  |  |  |  |  | | Other Ethnic background |  | 80 |  | **I do not wish to disclose my ethnicity** |  | 98 | | 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 | |