

Module Application Form for Continuing Professional Development and WBIS Modules

Module Title:

Module Code:Level of Study (or CPD module).....

Preferred Start Date:Preferred Site.....(choice may be limited)

University.....Module Cost.....

1. PERSONAL DETAILS

Mr/Mrs/Miss/Ms/Dr/Other	Home Address:
Surname:	
Forename(s):	
Previous Name:	Emergency Contact Number:
N.I Number:	Email:
Home Tel.No:	
Work Tel no:	Date of Birth:

2. QUALIFICATIONS (please list all completed modules/pathways)

Professional Qualifications (e.g. registrations with the HPC or NMC or other, most recent first) Include date of first registration	Academic Qualifications (Dip He, Degree) Institution/Date NB List highest academic qualification first

3. PRESENT MOST RECENT EMPLOYMENT

Name & Address of Employer	Current Post: e.g. staff nurse, physio, O.T
Employer's Business (if not Health Care)	Current Band:
	Location or base:

Some modules require assessment in practical aspects of the module. Does your current work area give you the opportunity to be assessed in practice if required by the module?

YES/NO * (*PLEASE DELETE)

TO BE COMPLETED BY MANAGER

I am willing to support this application and facilitate practical assessment if required.
I can confirm that this applicant is mandatory training and Individual Review compliant.
Please note:- Compliance will be verified by random audits.

Signature of Manager:Date.....
Name of Manager:Email.....

Organisations TNA Lead (to confirm funding source)Signature.....
Date:Email TNA lead

PLEASE INDICATE FUNDING:

WBIS ·

CPD ·

OTHER PLEASE SPECIFY ·

PLEASE NOTE THAT INFORMATION REGARDING YOUR ETHNICITY, ATTENDANCE AND RESULTS WILL BE MADE AVAILABLE TO YOUR EMPLOYER AND OTHER AGENCIES. YOUR SIGNATURE BELOW DEMONSTRATES YOUR AGREEMENT TO THIS PROCEDURE.

I declare that the information contained in this form is true and complete. I have reviewed the module content and am suitable to undertake the module. I will promptly inform the university and my employer should circumstances change which may impact on my ability to submit the assignment. I also agree to attend the taught sessions.

Copies of the results of your module need to be shared with your TNA lead as soon as you get your confirmation letter.

Signature of Applicant.....Date.....

Supporting Information

Please use this section to identify how you will use this module to benefit the organisation or your working area. Discuss how completion of the programme is an essential requirement of your job description/career development and the benefits to patient care.

Please indicate below if you are undertaking this module as part of a wider programme of study for which you may or may not already be registered (Please give full details)

ON COMPLETION PLEASE RETURN TO:

Sandy Deighton

Clinical Skills Centre, APH

Applications will be returned if all sections are not completed

#PROUD TO CARE FOR YOU

Adapted from NHS Northwest module application form 2011

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