

Application form for CPD Programmes



Please complete in pen using **BLOCK CAPITALS** and return to:

Middlesex University, Professional Programmes Office,
Hendon Campus, The Burroughs, Hendon, NW4 4BT
Tel: +44 (0)20 8411 4208
Fax: +44 (0)20 8411 5463
Email: healthadmissions@mdx.ac.uk
Website: www.mdx.ac.uk/study/shortcourses/index.asp

IMPORTANT: PLEASE READ THE NOTES AS YOU COMPLETE EACH SECTION OF THIS FORM

Previous Contact with Middlesex University

Have you **previously made an enquiry, studied, or are currently studying** at Middlesex University? YES ___ NO ___

If **YES** please state your Enquiry/Student Number/Regional office number:

If you are a **current student**, when will you finish your current programme?

If you are a **current staff member**, what is your MISIS Self Service User ID?

1. Personal Details

Surname.....Previous surname.....

Forename/s.....Known as.....

Date of birth / / Male _ Female _ (please tick as appropriate)

Address

.....Postcode

Telephone (day)Telephone (evening).....

Mobile phoneFax.....

E-mail.....

Work Address.....

.....Ward/Dept.....

Country of birthNationality.....

Country of permanent residence.....

Applicants not born in the European Union:

Have you been granted permanent residence in the EU / indefinite leave to remain in the UK? YES ___ NO ___

Date of first entry to live in the UK?

Date on which residency was granted?

Using the guidance notes for section 1 please indicate any disability/medical condition you may have

.....

2. PIN Number (Nursing and Midwifery Council Professional Register)

Last renewed /

If you are on the **NMC** Professional Register you **MUST** enter your

PIN number, even if the programme/modules for which you are applying do not require practitioner status.

3. Module/Programme Details

Stand Alone Module ___ Advanced Diploma ___ Study Day ___ BSc ___ Start Date DD/MM/YY

TitleCode

ModuleCode

ModuleCode

ModuleCode

4. Fees

Who will pay your fees? Self ___ Employer ___ NHS London ___ (please tick as appropriate)

A) If you are being sponsored by your NHS trust, the section below will need to be countersigned by the budget holder for the NHS training contract – usually your workforce development manager. If you are being funded/sponsored by your employer **you need to submit a letter from the authorising manager on official headed paper** AND provide the details below:

Name of employer/NHS Trust..... Address.....
..... Post code.....

B) To be completed by person responsible for certifying sponsorship (Employer/NHS Trust)

Name..... Title.....
Telephone..... E-mail.....

5. Professional/Relevant Work Experience and Qualifications

1) Job title, nature of work/training.....
..... Grade..... Full-time ___ Part-time ___

Name of organisation..... From MM/YY to MM/YY

2) Job title, nature of work/training.....
..... Grade..... Full-time ___ Part-time ___

Name of organisation..... From MM/YY to MM/YY

3) Job title, nature of work/training.....
..... Grade..... Full-time ___ Part-time ___

Name of organisation..... From MM/YY to MM/YY

Qualifications

1) Qualifications studied.....
Name of institution..... From MM/YY to MM/YY

2) Qualifications studied.....
Name of institution..... From MM/YY to MM/YY

3) Qualifications studied.....
Name of institution..... From MM/YY to MM/YY

4) Qualifications studied.....
Name of institution..... From MM/YY to MM/YY

5) Qualifications studied.....
Name of institution..... From MM/YY to MM/YY

6) Qualifications studied.....
Name of institution..... From MM/YY to MM/YY

English Language qualifications (specify, e.g., GCSE, IELTS, TOEFL).....

Guidance Notes

Please read the notes carefully before you complete your application.

The Data Protection Act 1998

The information which you give on your application form will be used for the following purposes only: To enable your application for entry to be considered. To enable the institution to compile statistics, or to assist other organisations or individual research workers to do so, provided that no statistical information which would identify you as a person would be published. To enable the institution to initiate your student record.

Despatch arrangements

Many courses may have a deadline by which applications should be received. Please consult course literature or the academic area concerned. If you apply in good time before the deadline, please send the whole application form to your referee for completion and forwarding to the institution.

Your application form will be photocopied before it is sent to admissions tutors and it is therefore important that you write neatly using black ink in CAPITALS.

Enrolment Status

We need to know if you have previously enrolled at Middlesex University. If you have, please enter your student number (shown on your admissions card), where requested.
If not known please write "NOT KNOWN"

Section 1 Personal Details

D/D=Day of Month, M/M=Month, Y/Y= Decade/Year eg
October 8, 2004 would be listed as 08/10/04
Complete this section in BLOCK CAPITALS

- **Previous surname:** if you have changed your name by marriage or otherwise, state your previous surname of family name
- **Contact address:** enter the address to which you expect all correspondence to be sent.
- **Work address:** enter your present work address along with Ward or centre name or department
- **Country of birth/nationality/permanent residence:**
Please answer all sections so that you are correctly assessed for fee purposes, even if you are not expecting to meet the costs yourself. It is also important that we accurately record your nationality and country of permanent residence for reporting purposes.
- **Disability/special needs:** Please enter in the box the number

from the list of statements below which is most appropriate to you. Describe your condition and indicate whether you have special needs

N=Number

- 0 You do not have a disability nor are you aware of any additional support requirements in study or accommodation.
- 1 You have dyslexia.
- 2 You are blind/ partially sighted.
- 3 You are deaf/ have a hearing impairment.
- 4 You are wheelchair user/have mobility difficulties.
- 5 You need personal care support.
- 6 You have mental health difficulties.
- 7 You have an unseen disability, eg diabetes, epilepsy, asthma.
- 8 You have two or more of the above disabilities/special needs.
- 9 You have a disability not listed above.

Section 2 PIN Number (Nursing and Midwifery Council Professional Register)

NMC PIN numbers are 8 digits in length with the 3rd and final digits as letters.

If you are on the **NMC** Professional Register you **MUST** enter your PIN number even if the programme/modules, for which you are applying, do not require practitioner status.

Section 3 Module/Programme Details

L=Letter, N=Number

M/M=Month, Y/Y= last two numbers of the Year eg
September, 2006 would be listed as 09/06

Please indicate programme title, code (if known) and type (Short Programme, Advanced Diploma etc). If you are studying an Advanced Diploma (Nursing Studies) please state which three modules you wish to take.

Section 4 Fees

NHS London contract = contract between the NHS London and the University. The NHS London includes the following Trusts:

Barnet and Chase Farm Hospitals NHS Trust

Barnet, Enfield and Haringey Mental Health NHS Trust

Barnet Primary Care NHS Trust

Camden and Islington Mental Health & Social Care NHS Trust

Camden Primary Care NHS Trust

Enfield Primary Care NHS Trust

Great Ormond Street Hospital for Children NHS Trust

Haringey Teaching Primary Care NHS Trust

Islington Primary Care NHS Trust

Moorfields Eye Hospital NHS Trust
North Middlesex University Hospital NHS Trust
Royal Free Hampstead NHS Trust
Royal National Orthopaedic Hospital NHS Trust
Tavistock and Portman NHS Trust
The Whittington Hospital NHS Trust
University College London Hospitals NHS Trust

A) If you are being funded/sponsored by your employer you need to submit a letter from the authorising manager on official headed paper AND fill in section 4.

B) Please have this section completed by the appropriate person. If you are part of NHS London contract we need the details and signature of the Trust Training Manager (not necessarily your line manager). Failure to gain authorisation from the appropriate authority could delay your application.

Section 5 Professional/Relevant Work Experience and Qualifications

M/M=Month, Y/Y= Decade/Year eg October 2004 would be listed as 10/04.

Please include all of your post-qualification work experience and training: paid or unpaid, full or part time, whether domestic or for an organisation. Please list all qualifications and list any CPD study you have undertaken since qualifying or which is relevant to the programme you wish to study.

Section 6 References

You only need to fill this if you work for a trust/organization which is NOT a part of the NHS London.

- Your first referee MUST be one of the following:
Line manager or nominating manager; member of a professional body; current or last employer or training officer.
- If you have any difficulty in identifying a suitable referee you should seek advice from either the university or your line manager.

Note for the First Referee

The referee's report is an integral and important part of the selection process, and the information you give will help to guide admissions tutors in making their decisions. In order that institutions can evaluate an applicant's academic and intellectual capacity, your reference should if possible cover the suitability of the applicant for the course (s) they have applied for, in terms of:

- Personal qualities

Section 7 Ethnic Origin

Please note that this information is required for equal opportunities monitoring only. Please tick the appropriate census category.

Section 8 Personal Statement

Use this section to enter any further information you may wish to offer in support of your application. Admissions tutors will be interested in your reasons for choosing the course. You should also give details here of any non-examined subjects you are studying. Please outline any relevant experience that may be taken into account in lieu of formal qualifications, either at home or in voluntary or paid work. It is helpful to explain any breaks in your career, any health or other personal circumstances relevant to the application.

Section 9 Rehabilitation of Offenders Act 1974 (exemptions) order 1975

M/M=Month, Y/Y= Decade/Year eg October 2004 would be listed as 10/04

As you are applying for a programme in health or social work, which may involve work with children or vulnerable adults, in accordance with the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 and the Children Act 1989 you must tell us about any criminal convictions, including spent sentences and cautions (including verbal cautions) and bind over orders. Please tick the appropriate circle, giving further detail where requested.

Section 10 Declaration

D/D=Day of Month, M/M=Month, Y/Y= Decade/Year eg October 8, 2004 would be listed as / / The declaration informs the student of any possible legal uses the University may have for the information provided. Middlesex cannot use the data provided for anything other than the uses stated in this section. This offers protection to both the student and the university.

Important Note

This University undertakes to take all reasonable steps to provide educational services in the manner set out in the prospectus and in other documents. Should industrial action or other circumstances beyond the control of the university interfere with its ability to provide such services, we undertake to use all reasonable steps to minimise the resultant disruption to educational services. We do not undertake any absolute obligation whatsoever to provide educational services in the manner specified in any prospectus or other document, nor do we undertake any other obligation in respect of the provision of educational services which is more onerous than the obligations set out herein. Should you become a student at Middlesex, this notice shall be a term of any contract between you and the University. Any offer of a place made to you is on the basis that in accepting the offer you consent to the terms and conditions herein.