

# CPD Application Form

2017/18 – 2018/19

## PERSONAL DETAILS

Pages 1-3 of this form can be completed electronically. Page 4 must be printed and completed by hand.

### FOR OFFICE USE ONLY:

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APRCV       AO   
OM       FFS       UA

Surname:	First Name(s):
Title:	Previous Name(s):
Home Address:	Job Title:
	Place of Work:
	Ward/Dept/Team:
Tel:	Tel:
Mobile:	Email:
Email:	NHS Trust/CCG:
Date of Birth:	NMC PIN (if applicable):
Have you studied at Leeds Beckett University previously? If so please note your student ID number:	

Nationality:	If not born in UK, date of first entry to live in the UK:  Date of most recent entry to the UK:
Country of Birth:	

## MODULES APPLIED FOR

Module Title	Date of Module (s)

## PREVIOUS QUALIFICATIONS

	Course/ qualification	Level of study	Institution	Result	Dates (start and finish)
<b>Highest Academic Qualification (level)</b>					
<b>Highest Professional Qualification</b>					
<b>English Language Qualification</b>					



Please return form to **HSS CPD Admissions** via post or email:  
HSS CPD Admissions, 605 Calverley, Leeds Beckett University, City Campus, Leeds, LS1 3HE  
Email [hss-cpd@leedsbeckett.ac.uk](mailto:hss-cpd@leedsbeckett.ac.uk)

## FURTHER INFORMATION

Selection depends more on your general ability to benefit from study than on your formal academic qualifications. To help us assess your abilities and potential, please give further information in support of your application; outline relevant work or other experience, learning on which you intend your studies to build and include reasons why you wish to access the module/s listed.

## COURSE FUNDING

Who is expected to pay your university fees?

- Self**
- Health Education England Across Yorkshire & Humber (HEE Y&H).**  
A limited amount of funding may be available for this course. If the course is eligible for funding, a 'Statement of Support' form would have been included in your application pack.
- Employer** (e.g. private company or practice)  
If your employer is paying your fee please include a sponsor letter, including the name of the company paying your fee, an invoice address and purchase order or reference number if applicable.

**\*IMPORTANT If you have indicated above that you wish to apply for HEEYH funding you and your manager must complete the 'Statement of Support' form which is included in your application pack. Written signatures are required.**

## PLEASE INDICATE HOW YOU HEARD ABOUT THE COURSE/MODULE?

- |                       |                          |               |                          |       |                          |
|-----------------------|--------------------------|---------------|--------------------------|-------|--------------------------|
| Trust Handbook        | <input type="checkbox"/> | HEYH website  | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Leeds Beckett Website | <input type="checkbox"/> | Word of mouth | <input type="checkbox"/> |       |                          |

## DECLARATION

I certify that the information I have given is complete and accurate.

**Signature of applicant:** ..... **Date:** .....

## SUPPLEMENTARY DATA INFORMATION

The personal details supplied to us on your application form will be used to create your Student record and Student card. If any of your details change before you commence your course with us, e.g. change of address, please notify us as soon as possible. The details will remain confidential; they are required for our funding returns to the Government.

## EQUAL OPPORTUNITIES

This section of the form is designed to collect statistics so that the University can monitor the effectiveness of its equal opportunities policies. It will be detached before your application is considered.

## DISABILITY

0 = No known disability, 1 = Dyslexia, 2 = Blind/ Partially sighted, 3 = Deaf/ Hearing Impediment, 4 = Wheelchair user/ Mobility Problems, 5 = Personal Care Support, 6 = Mental Health difficulties, 7 = Unseen Disability, 8 = Multiple disability,  
9 = Disability not mentioned above, 10 = Autistic Spectrum Disorder

Disability / special needs – code: .....

If you have entered code 1-10, please give details of any support you might need:

.....

## ETHNIC ORIGIN

I would describe my ethnic origin as (please tick one box):

- |             |                          |                 |                          |                       |                          |
|-------------|--------------------------|-----------------|--------------------------|-----------------------|--------------------------|
| White       | <input type="checkbox"/> | Other Asian     | <input type="checkbox"/> | Chinese               | <input type="checkbox"/> |
| Indian      | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> | Mixed                 | <input type="checkbox"/> |
| Pakistani   | <input type="checkbox"/> | Black African   | <input type="checkbox"/> | Other, please specify |                          |
| Bangladeshi | <input type="checkbox"/> | Black Other     | <input type="checkbox"/> | _____                 |                          |

## CRIMINAL CONVICTIONS

Do you have a relevant Criminal Conviction? YES  NO

Please tick Yes or No depending if you have or have not got a relevant criminal conviction.

Relevant 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 relevant and you should not reveal them.

If you circle yes, you will not be automatically excluded from the application process, however we may ask you for more information. If you are convicted of a relevant criminal offence after you have applied, you must tell Leeds Beckett. Do not send any details of the offence, simply state that you have a relevant criminal conviction; we may then ask you more detail.

# APPLICATION FOR HEE SSPRD (CPD) FUNDING FOR ACADEMIC YEAR 2017/18-2018/19

Health Education England across Yorkshire & Humber (HEE Y&H) funds a range of Specialist Skills and Post-Registration Development (SSPRD, formerly CPD) activity at Leeds Beckett University. You can apply for this funding to pay your tuition fees. To be considered for funding your employer must be based in the Yorkshire and Humberside region and provide NHS Commissioned Services.

To apply you need the support of your manager who should complete the confirmation below. In signing the declaration your manager is not committing to pay any tuition fees.

You will be notified in writing if your request for funding has been successful.  
 If you fail to secure sponsorship you will be invoiced for any tuition fees incurred.  
 If you are required to repeat a module you will be responsible for payment of your tuition fees.  
 A new statement of support is required for every academic year that you study at Leeds Beckett University and should include all courses or modules you intend to study that year.  
 You are advised to keep a copy of your completed form for your personal records

## APPLICANT

Name (print)	
Job Title	
Employer Name and Address	
Email Address	
NHS Trust or CCG Title (please state if not applicable)	
NMC PIN (if applicable)	Cervical Sample Taker Code (if applicable)
<b>Name of course or training session</b>	<b>Date of course or training</b>

If you are successful in obtaining funding, the university may be required to share your personal study information with your manager and Health Education England, for example, attendance or completion details. Please sign to confirm that you are in agreement with this. Funding is not available to those unwilling to sign this statement.

**Signature of applicant:** *(handwritten signature required)* ..... **Date:** .....

## LINE MANAGER

I confirm that:	The applicant is employed by this organisation I support this application for SSPRD (CPD) funding at Leeds Beckett University. I will release the applicant to attend any taught sessions for the module (s) listed above.	
Name (print)		
Position		
Employer Name and Address (if different from above)		
NHS Trust Title (if different from above)		
<b>Does your employer provide NHS commissioned services?</b>	<b>Yes / No</b>	

**Signature of manager:** *(handwritten signature required)* ..... **Date:** .....

