

CPD Application Form

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FOR OFFICE USE ONLY:

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PERSONAL DETAILS

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:
Country of Birth:	Date of most recent entry to the UK:

SLiP

Module Title	Date of Module (s)
Support for Learning in Practice – Online	
Support for Learning in Practice – Face to Face	

PREVIOUS QUALIFICATIONS

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



Please return form to **CPD Admissions** via post or email:
CPD Admissions, 518 Calverley, Leeds Beckett University, City Campus, Leeds, LS1 3HE
Email 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?

- Health Education Yorkshire & Humber (NHS funding)**
- Self**
- 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.

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:

IMPORTANT GDPR LEGISLATION REQUIREMENT

By signing this form, you are agreeing to receive communications from the School of Health & Community Studies, Leeds Beckett University specifically relating to the course you are attending.

DATA PROTECTION

The information you provide may be stored in manual and electronic formats and is held to facilitate the services we provide, assist with record keeping and ongoing communication, statutory purposes, and statistical and research purposes.

By ticking this box, I give my permission for Leeds Beckett University to contact me by email or phone with information about courses, products, services or offers that may be of interest to me based on previous feedback I have provided by email or in feedback forms.

I understand that I can change my preferences at any time by simply emailing hss-cpd@leedsbeckett.ac.uk with my updated preferences

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:

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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.

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 within the HEE Y&H region, provide NHS Commissioned Services in Yorkshire and Humberside OR, be a specialist public health clinician which includes those clinical staff recently transferred from the NHS into Local Authorities.

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.

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)
Name of course or training session		Date of course or training

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: **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)	
Does your employer provide NHS commissioned services?	Yes / No

Signature of manager:..... **Date:**

Please return form to **HSS CPD Admissions** via post or email:
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Email: hss-cpd@leedsbeckett.ac.uk

*If this is not a genuine Line Manager statement your professional registration could be compromised. You MUST be able to provide evidence upon request if required.