

Continuing Professional Development (CPD)

Course application form

To apply for our Continuing Professional Development (CPD) courses please complete the application form below. To save the application with your completed details you will need to select print and choose 'save as pdf'

Please email completed application forms to shc-cpd@leedsbeckett.ac.uk / Tel: 0113 812 7778

* indicates a mandatory field.

| 1. Personal details | | | | | | |
|--|----|-----|------|--|------|--------|
| Please complete all fields as fully as possible. | | | | | | |
| Title* | Mr | Mrs | Miss | Ms | Dr | Other |
| Last name* | | | | Sex ID (at birth)* | Male | Female |
| First name* | | | | Date of birth dd/mm/yyyy* | | |
| Middle name(s) | | | | Previous name (if changed) | | |
| Email* | | | | Contact Tel No/Mobile (inc dialling code)* | | |
| Have you previously applied to, or studied at, Leeds Beckett?* | | | | University student ID (if known): | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| Place of Work* | | | | Job Title* | | |
| Ward/Dept/Team* | | | | NMC PIN (if applicable) | | |
| NHS Trust or CCG* | | | | Work Tel No* | | |
| | | | | Work Email* | | |
| Nationality | | | | If not born in the UK please give first date of entry to live in the UK: | | |
| Country of Birth | | | | Date of most recent entry to the UK: | | |

| 2. Address Details | | |
|---|---------------|----------------------------------|
| We will send all correspondence to your permanent home address unless you have specified an alternative address for correspondence. | | |
| | Home Address: | Term Time address (if different) |
| Address line 1* | | |
| Address line 2 | | |
| Address line 3 | | |
| City* | | |
| Postcode | | |
| Country | | |

| 3. Modules applied for* | | |
|--|------------|--|
| Please provide the title, date, and level of study for the course/CPD module you wish to apply for | | |
| Course or Module Title* | Start date | Level of study Undergraduate – 6 Postgraduate – 7 [^] |
| | | |
| | | |
| | | |

[^]in most cases for level 7 study you will need to have previously completed a UK degree in a relevant field or equivalent.

| 4. Previous study and qualifications* | | | | | |
|---|-------------------------|-------------|----------------|--------------------------|----------------|
| Please provide us with the qualifications as requested below in order for us to ascertain your suitability for the course you are applying for. | | | | | |
| | Qualification type/name | Institution | Level of study | Completion date dd/mm/yy | Achieved grade |
| Highest Academic Qualification | | | | | |
| Highest Professional Qualification | | | | | |
| English Language Qualification | | | | | |

| 5. Ethnicity (X) | | | | | | | |
|---|--|-----------------------------|--|-------------------------------|--|-------------------------|--|
| We treat this information in confidence and may use this information to contact you to discuss whether or not you may require any extra resources or support to undertake your chosen course. | | | | | | | |
| White | | Other Black background | | Chinese | | Mixed – White/Asian | |
| Gypsy or Traveller | | Asian British – Indian | | Other Asian background | | Other mixed background | |
| Black British – Caribbean | | Asian British – Pakistani | | Mixed – White/Black Caribbean | | Arab | |
| Black British – African | | Asian British - Bangladeshi | | Mixed – White/Black African | | Other ethnic background | |
| Information refused | | | | | | | |

| 6. Criminal Convictions* | | |
|--|-----|----|
| Please note that the University operates in accordance with legislation concerned with the rehabilitation of offenders and often having a criminal record is not a bar to entry. However, we do need to ensure that all declarations of criminal records are properly investigated in order to discharge our duty of care to other members of the University community. Please do not give details here; if you declare an unspent criminal conviction you will be contacted separately. | | |
| Criminal conviction indicator | Yes | No |
| | | |

7. Personal Statement In Support Of Your Application*

Selection can depend 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.

8. Disability Information

The University is committed to supporting students with a disability. We treat this information in confidence and may use this information to contact you to discuss whether or not you may require any extra resources or support to undertake your chosen course. We will not use this information to determine whether or not to make you an offer of a place.

| Do you consider yourself disabled? | Yes | No | (If no go to section 9) |
|---|-----|------------------------------------|-------------------------|
| If yes, please select the relevant category | | | |
| No known disability | | Learning difficulty, e.g. dyslexia | |
| Soc/comm diff e.g. aspergers | | Long standing illness | |
| Mental health condition | | Physical impairment | |
| Deaf/hearing impairment | | Blind/visual impairment | |
| Two or more of the above | | Disability not listed | |

9. Paying for the course/CPD module

Please indicate who will be responsible for payment. Any application for SSPRD funding will be independent of any offers made for the course/CPD module, until you have confirmation of funding you or your sponsor are liable for the course fee. Please can use the links below or visit our website to download the relevant form.

| | | |
|--|--|---|
| Health Education England – West Yorkshire & Humber SSPRD funding | | You will need to complete and submit the SSPRD funding form with your application. You will need this signed by your SSPRD Lead. If you do not know who this is please contact shc-cpd@leedsbeckett.ac.uk |
| Myself | | Once you have enrolled an invoice for the course fee will be raised contact incomes@leedsbeckett.ac.uk for more information |
| Employer or other sponsor | | You will need to submit to us recipient details of who will be paying the course fee. |

10. Please indicate how you heard about the course/CPD module

| | | | |
|----------------------------------|--|----------------|--|
| Leeds Beckett University Website | | Trust Handbook | |
| HEYH Website | | Word of mouth | |
| Other | | | |

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 shc-cpd@leedsbeckett.ac.uk with my updated preferences

Declaration:

I agree that by signing below, I am giving the University permission to use my personal information for the purpose of processing my application. Including all of the University's online systems, for which I will receive email notifications, and, if I am offered a place at the University which I then accept, will form part of my University student record.

I confirm that the information given on the form is true, complete and accurate and no relevant information has been omitted. I understand that this application or any subsequent university place offered may be withdrawn by Leeds Beckett University if in the future the information provided proves to be inaccurate, either intentionally or unintentionally.

Signature:

Date: