

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 WFD 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 – Workforce Development (WFD) funding		You will need to complete and submit the WFD 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:



WORKFORCE DEVELOPMENT FUNDING APPLICATION

20__ / 20__

Health Education England across Yorkshire & Humber (Northern Region) funds a range of Workforce Development (WFD, 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 West Yorkshire and provide NHS Commissioned Services in West Yorkshire.

To apply for this funding, you need the support of your manager who should complete the confirmation below. We require that you and your manager complete the form below. The declaration in this form is an agreement between you, your employer and the University to share information and sets out some expectations. In signing the declaration your manager is not committing to pay any tuition fees.

APPLICANT

Name (print)			
Job Title			
Clinical area, Department and Hospital			
Employer Name and Address			
Applicant Email Address			
NHS Trust or CCG Title (please state if not applicable)			
NMC / HCPC 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 statutorily obliged by your professional and regulatory body to share your personal study information with your manager and Health Education England, for example, attendance, completion details and any aspect that may we feel may affect your ability to provide safe and effective professional healthcare practice. Please sign to confirm that you are in agreement with this. Funding is not available to those unwilling to sign this statement. Your data will be kept and shared sensitively and securely.

Signature of Applicant:		Date	
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LINE MANAGER- Signature 1*

I confirm that:	The applicant is employed by this organisation I support this application for WFD (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):	

Signature for Manager:		Date	
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Authorised SSPRD signatory – to be completed by your relevant SSPRD lead. If you are unsure who this is please contact shc-cpd@leedsbeckett.ac.uk

NAME OF APPLICANT:

<p>Each NHS area in the Yorkshire and Humber region will have a designated signatory who is authorised to confirm that, from an organisational perspective, that this level of training is required.</p> <p>I confirm that: The applicant is employed by this organisation I support this application for WFD (CPD) funding at Leeds Beckett University. I will release the applicant to attend any taught sessions for the module (s) listed above. I provide the information below to ensure that funding can be released to Leeds Beckett University by HEE</p>			
Name (print):			
Position:			
Employer Name and Address (if different from above):			
NHS Trust Title (if different from above):			
Does the organisation provide NHS commissioned services?			YES NO
Is this course a West Yorkshire and Harrogate Delivery Group priority			YES NO
Main Staff Group (select)	Please answer all sections below, incomplete forms will be returned to the applicant.		
Nursing & Midwifery	AHPO	Healthcare Scientists	Other Scientific
Therapeutic and Technical	Clinical Support	Admin and Estates	Management
The programme requirement must fit within one of the 9 System Priorities (select)			
Cancer	Hospitals working together	Mental health and learning	
Community based care	Long term conditions inc Stroke	Disabilities	
Emergency and urgent care	Maternity and children's	Prevention	
		Primary care	
Signature of SSPRD Lead			Date

- Please return form to **SHC CPD Admissions** via email: shc-cpd@leedsbeckett.ac.uk
- Please ensure to include the **course title** and **applicants name** in the subject of the email

*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.