



LEEDS
BECKETT
UNIVERSITY

Non-Medical Prescribing

NMC Registration

Application form

Before you start:

Please read the following information before completing your application form.

BEST PRACTICE IS TO PRINT YOUR APPLICATION AND SCAN AND EMAIL TO US ONCE COMPLETE

- Please read professional body standards (enclosed) prior to completing this application.
- Please read each section carefully to ensure all parts relevant are completed.
- Your application will not be considered for offer until all sections are completed, and the application is received in full.
- It is YOUR responsibility to obtain references – you **MUST** provide two.
- You **MUST** have a valid Disclosure Barring Service (DBS) check dated within 3 years or be able to provide evidence of an annual update service

Please complete the and return the enclosed Health Education England (HEE) Specialist Skills Post Registration Development (SSPRD) finance form, signed by the individual(s) within your organisation designated and recognised by HEE with the authority to do so – your SSPRD Lead. Without the completed SSPRD finance form the University will not be guaranteed to be paid the educational fee funds for you by HEE. Under those circumstances we would not be able to offer you a place on the Non-Medical Prescribing Programme.

Checklist:

- I have completed all sections 1 – 14
- I have included two separate references
- I have included section 9 completed and signed by my Line Manager
- I have included section 10 completed and signed by my Practice Assessor
- I have included section 11 completed and signed by my Practice Supervisor
- I have included section 12 completed and signed by my Non-Medical Prescribing Lead
- I have provided evidence of academic study
- I have provided evidence of my DBS
- I have included an up to date CV

Application form

Please type or write clearly in block capitals. Tick boxes as appropriate

Section 1. Declaration of study

Name (in full)

Please tick the relevant option

I wish to apply for the following Non-Medical Prescribing cohort

September	2025	<input type="checkbox"/>
January	2026	<input type="checkbox"/>
September	2026	<input type="checkbox"/>

I wish to study at	Level 6 (Degree)	<input type="checkbox"/>	(read point 1a)	40 Credit Points
I wish to study at	Level 7 (Masters)	<input type="checkbox"/>	(read point 1b)	40 Credit Points

Do you intend to prescribe for children? YES NO

Please confirm you have been a registered (NMC) nurse or midwife for a minimum of 12 months. ***if NO you will not be able to undertake the course** YES *NO

1a Have you provided evidence of previous level 6 (undergraduate degree) study? (this could be single CPD modules) Y N

1b Have you provided evidence of a Level 6 BSc undergraduate degree Y N

Have you ever commenced a Non-Medical Prescribing programme at Leeds Beckett University or any other HEI/University and not completed the programme

YES If YES please complete the table below and sign
NO If NO please sign and go to section 2.

Name of previous institution	<input type="text"/>	Year commenced previous study	<input type="text"/>
Name and details of Course/Module Leader	<input type="text"/>		

Reason for non-completion

Please be aware this information is a standard requirement and if you have answered YES we may need to contact the relevant institution/course tutor

Applicant
Signature

Date

Section 2. Applicant details – personal contact details and qualification

Title (Mr, Mrs, Miss, Ms, Dr, *other please specify*)

Surname

First name(s)

Official name (as it appears on your passport/national identity card)

Date of Birth

dd

mm

yy

Previous family names

Address

Home

Correspondence (if different from home address)

Line 1

Line 2

Line 3

City

Postcode (UK only)

Country

Telephone numbers (please include area code where applicable)

Mobile

Other

area code

Email addresses (please put preferred contact email first)

Email

Other

Highest level qualifications

	Course/Qualification	Level of study	Institution	Result	Date achieved.
Highest academic qualification					
Highest professional qualification					
English language qualification					

***Please remember to attach a full CV with this application that covers the following areas:** Name, job title, place of work, professional qualifications – including levels, dates, work experience, study interest and professional activities.

Section 3. Nationality and Immigration

Country of Birth – Were you born in the UK/EU?

YES

NO

please also complete section 3a

Nationality

Country of residence

3a Date of first entry to the UK

Date of most recent entry to the UK

Do you require a visa to study in the UK?
(not applicable if you are working for the NHS)

YES

NO

If you have answered YES you will be required to contact our international admissions office.

Section 4. Equal opportunities monitoring

Ethnic origin

White

Asian or Asian British –
Bangladesh

Arab

Traveller

Chinese

Other ethnic background

Black or black British - Caribbean

Other Asian background

Prefer not to say

Black or black British – African

Mixed – white and black
Caribbean

Other black background

Mixed – white and black African

Asian or Asian British - Indian

Mixed – white and Asian

Asian or Asian British – Pakistan

Other Mixed background

Religion

Bahá'í Faith

Muslim

No religion

Buddhist

Sikh

Pagan

Hindu

Any other religion or belief

Christian

Jewish

Prefer not to say

Other

Gender

Male

Female

Other

Prefer not to say

Criminal Convictions

Do you have a recent criminal conviction?

YES

NO

Relevant convictions are only those convictions for offences against the person whether of a violent or sexual nature, and convictions for offences involving unlawfully 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 for more details.

[continue...](#)

Section 5. Disabilities and support needs

Do you consider yourself to have a disability

YES

NO

Prefer not to say

- Specific learning disability e.g. dyslexia, dyspraxia etc...
- Deaf/hearing impairment
- Autistic spectrum disorder/Asperger's syndrome
- Multiple disabilities
- Unseen disability e.g. diabetes, cancer, epilepsy, asthma etc...
- Other

- Blind/partially sighted
- Wheelchair user/mobility difficulty
- Mental health difficulty
- Personal care support

please specify

please specify

Nature of support required

Section 6. Role and employment information

Current job role	Nurse <input type="checkbox"/>	Midwife <input type="checkbox"/>	Other <input type="checkbox"/>								
			please specify								
Please provide your NMC registration pin number (your application will not be reviewed without this)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Specific job title (do you have a specialism in your role e.g. Diabetes, Rheumatology etc...)	<table border="1"> <tr> <td></td> </tr> </table>										
Length of time in profession since qualification		Name of immediate employer (e.g. LGI, Bradford Royal Infirmary, Kippax medical centre)									
Work Address	<table border="1"> <tr> <td></td> </tr> </table>										
Ward/Dept/Team	<table border="1"> <tr> <td></td> </tr> </table>										
Work telephone No.	area code		ext.								
Name of Trust/CCG (you MUST provide this information)	<table border="1"> <tr> <td></td> </tr> </table>										
Please provide a named person to contact for messages	<table border="1"> <tr> <td></td> </tr> </table>										
Applicant Signature	Date										

Section 7. Disclosure and barring service (DBS) – Applicant

IMPORTANT PLEASE READ

As required by the NMC all applicants must have a clean and valid Disclosure and Barring Service (DBS) check within three years of commencing the course.

To clarify and for **example** if you are applying for a course that commences on the **21 September 2006** and the date of issue on your current DBS is **20 September 2003** then it will be **out-of-date** by the time the course is started and a new one would be required.

Please ensure that if you require a new DBS it already underway by the time you submit your application. Once it is received it the date of issue will need to be verified by your line manager on the form provided.

We now will also accept for those that subscribe to the DBS annual update service please ensure that you submit a copy of the renewal date with your application.

Have you had a recent acceptable DBS check?

YES

NO

If YES please confirm the date your DBS was issued.

*If NO please confirm your DBS is underway

If you subscribe to the annual DBS service, please confirm you have submitted a copy of the most recent renewal date.

YES

NO

Applicant
Signature

Date

Section 8. Manager information – to be completed by your line manager

Please request that your line manager completes the information in this section and please ensure that you submit it with your application.

Name of applicant

IMPORTANT PLEASE READ

You **MUST** agree to the following conditions in support of the above-named persons application for the Non-Medical Prescribing programme.

1. Confirm that the necessary governance structures are in place (including clinical support, access to protected learning time and employer support, where appropriate) to enable students to undertake, and be adequately supported throughout the programme.
2. That the potential student is competent in their own area of practice.
3. That nurse applicants are competent to take a history, make a clinical assessment and make a diagnosis in their own field of practice OR in undertaking an appropriate programme of study to enable them to do so.
4. Confirm that the applicant selected to undertake a prescribing programme has the competence, experience and academic ability to study as the level required for that programme.
5. That the potential student has numeracy skills consistent with safety in the area in which they intend to prescribe.
6. That there is a need for the applicant to prescribe in their role.
7. Ensure that the applicant has been registered with the NMC for a minimum of one year prior to application for entry onto the programme.
8. Approve the applicant's choice of Practice Assessor and Practice Supervisor.
9. Agree that the Practice Assessor and Practice Supervisor are suitable to offer support and clinical oversight.

Title

Full name

Place of Work/Dept.

Does the potential student intend to prescribe for children?

YES

NO

CONFIRMATION OF DBS - PLEASE READ

As the line manager you **MUST** be able to confirm that you have seen their most recent DBS check and confirm the date that this was issued. If this is the annual subscription service, then you **MUST** confirm you have seen the most recent renewal date.

Has the applicant had an acceptable DBS check and have you seen it?

YES

NO

If YES please confirm the date their DBS was issued to them.

*If NO please confirm the DBS has been applied for and is underway

If they subscribe to the annual DBS service please confirm you have witnessed a copy of the most recent renewal date and confirm the date above.

YES

NO

Line
Managers
Signature

Date

***Please ensure this is returned to the applicant to submit as part of their full application.**

Section 9. Practice Assessor – to be completed by your proposed Practice Assessor

IMPORTANT PLEASE READ

The Practice Assessor **MUST** be a registered healthcare professional, with a minimum of 2 years post registration experience and a minimum of 2 years active prescribing experience. By completing and signing this form you are agreeing to these standards, if you do not meet these criteria an alternative Practice Assessor **MUST** be proposed.

Name of applicant

Practice Assessor name

Place of work/
Employers Name

Main place of work address	Daily contact address
<input type="text"/>	<input type="text"/>

Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone No.	<input type="text"/>	Email	<input type="text"/>
Job Title	<input type="text"/>	Length of time in role	<input type="text"/>

- Have you had 2 years recent prescribing experience in a field of practice relevant to that in which the potential student will be prescribing? YES NO
- Do you have the support of the employing organisation or GP practice to act as a Practice Assessor who will provide supervision, support and opportunity to develop/acquire competence in prescribing practice? YES NO

Professional Qualification Date achieved

Practice Assessors Signature Date

***Please ensure this is returned to the applicant to submit as part of their full application.**

Section 10. Practice Supervisor – to be completed by your proposed Practice Supervisor

IMPORTANT PLEASE READ

The Practice Supervisor **MUST** ideally be a practitioner with clinical oversight, to support the student and the Practice Assessor.

Name of applicant

Practice Supervisor name

Place of work/ Employers Name

Main place of work address	Daily contact address
<input type="text"/>	<input type="text"/>

Postcode	<input type="text"/>	Postcode	<input type="text"/>
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Telephone No.	<input type="text"/>	Email	<input type="text"/>
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Job Title	<input type="text"/>	Length of time in role	<input type="text"/>
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- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Have you had recent prescribing experience in a field of practice relevant to that in which the potential student will be prescribing? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. Do you have the support of the employing organisation or GP practice to act as a Practice Supervisor who will provide supervision, support and opportunity to develop/acquire competence in prescribing practice? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Professional Qualification	<input type="text"/>	Date achieved	<input type="text"/>
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Practice Supervisors Signature	Date
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***Please ensure this is returned to the applicant to submit as part of their full application.**

Section 11. Non-Medical Prescribing Lead – to be completed by your proposed NMP Lead.

IMPORTANT PLEASE READ

As the identified Non-Medical Prescribing Lead, you **MUST** complete the information below.

Name of applicant

Name

Main place of work address		Daily contact address	
<input type="text"/>		<input type="text"/>	
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone No.	<input type="text"/>	Email	<input type="text"/>
Job Title	<input type="text"/>	Length of time in role	<input type="text"/>

NMP Lead Signature	Date
<input type="text"/>	<input type="text"/>

***Please ensure this is returned to the applicant to submit as part of their full application.**

REFERENCES – R1

It is your responsibility to request references from your referees, we will not do this on your behalf.

Please type or write clearly in block capitals. Tick boxes as appropriate

The person named in Section 1 below has applied to study at Leeds Beckett University. They have selected you as their referee. Please complete and return this form to the address given in section 5.

The referees report is an integral part of the selection process and the information you provide will help to guide admissions tutors in making their decisions.

Referees should be aware that under the provisions of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 applicants may ask the University to disclose references that have been used in the admissions process. References will also be

accessible if requested in connection with legal proceedings

Please tell us if you object to the reference being open to the data subject on request. Please note that the University may decide to disclose the reference without your consent, if it is able to anonymise the information (to protect your identity) or it is considered reasonable to release the reference even though it is possible to identify who wrote the reference. The University will balance the data subject's right of access with your right of privacy.

1. Applicant's full name		
2. Course or Module title applied for		
3. Referee's details		
Name		
Position/Role		
Company/Organisation		
Address		
Postcode		
Email address		
Phone number (including area code)	area code	

4. Report on the applicant			
How long have you known the applicant?			
In what capacity do you know the applicant?			
In your opinion is the applicant likely to successfully complete and benefit from the programme of study for which they have applied?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Uncertain <input type="checkbox"/>
Please specify the applicant's general suitability for the course, including; <ul style="list-style-type: none"> - Present performance and potential. - Personal qualities and career aspirations - Health and other personal circumstances relevant to the application 			
5. Referee's declaration			
I confirm that, to the best of my knowledge, the information given in this form is correct and complete			
Referee's signature			
Print Name			
Date			

What to do next

Please ensure this is returned to the applicant to submit as part of their full application. For any queries please contact shc-cpd@leedsbeckett.ac.uk

REFERENCES – R2

It is your responsibility to request references from your referees, we will not do this on your behalf.

Please type or write clearly in block capitals. Tick boxes as appropriate

The person named in Section 1 below has applied to study at Leeds Beckett University. They have selected you as their referee. Please complete and return this form to the address given in section 5.

The referees report is an integral part of the selection process and the information you provide will help to guide admissions tutors in making their decisions.

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1. Applicant's full name		
2. Course or Module title applied for		
3. Referee's details		
Name		
Position/Role		
Company/Organisation		
Address		
Postcode		
Email address		
Phone number (including area code)	area code	

4. Report on the applicant			
How long have you known the applicant?			
In what capacity do you know the applicant?			
In your opinion is the applicant likely to successfully complete and benefit from the programme of study for which they have applied?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Uncertain <input type="checkbox"/>
Please specify the applicant's general suitability for the course, including; <ul style="list-style-type: none"> - Present performance and potential. - Personal qualities and career aspirations - Health and other personal circumstances relevant to the application 			
5. Referee's declaration			
I confirm that, to the best of my knowledge, the information given in this form is correct and complete			
Referee's signature			
Print Name			
Date			

What to do next

Please ensure this is returned to the applicant to submit as part of their full application. For any queries please contact shc-cpd@leedsbeckett.ac.uk

Section 12. Data Protection

All Applicants – Personal Data

Leeds Beckett University is a registered data controller and will process your personal data in accordance with the General Data Protection Regulation (GDPR), the Data Protection Act 2018 and other applicable legislation.

The University will use your personal data to process your application and for the purpose of making course offers and entering into a student contract with you. You will receive communications from us that are necessary for the University to process your application, make course offers and prepare for enrolment. The information from your application form will be used to set up a student record on the University's student information (SI) system. The University may contact other institutions to confirm previous qualifications obtained. We may also invite you to provide feedback on your experiences to help us improve our services.

Personal data is never sold to a third party. The University seeks to comply fully with data protection laws and ensures all our contractors and suppliers also comply. **For more information about how your personal data is used and who your data may be shared with, please see our Data Protection and Privacy policies:**

<https://www.leedsbeckett.ac.uk/partners/compliance-legal/data-protection/> <https://www.leedsbeckett.ac.uk/-/media/files/public-information/data-protection-notice-use-of-student-information.pdf>

All Applicants – Marketing Options

From time to time the University would like to send you further information that we feel, based on your enquiry, will provide helpful information and advice whilst you are considering applying to university. If you do not want to hear from us, you have the right to object and can unsubscribe from contact by the channels listed below. If you don't want to hear from us please tick all 5 boxes.

I do NOT wish to receive further information by

Post Text Phone Email Social Media

You can update these options and unsubscribe from mailings at any time by emailing shc-cpd@leedsbeckett.ac.uk

Section 13. Declaration

Please read and then sign the declaration statement below:

Any offer of a place to study on a course at the University will be made subject to the University's Terms and Conditions and Student Regulations. It is therefore important that you read and understand the University's Terms and Conditions and Regulations. These can be accessed at

<https://www.leedsbeckett.ac.uk/-/media/files/public-information/student-regulations/student-contract.pdf>

If you provide false, incomplete or misleading information to the University as part of this application, the University may withdraw any offer of a place made to you. Full details of the University's admissions can be accessed at

<https://www.leedsbeckett.ac.uk/public-information/academic-regulations/>

If you have any queries with the information or requests made in this application, please contact us at shc-cpd@leedsbeckett.ac.uk before signing this application form.

I confirm that, to the best of my knowledge:

- the information I have given in this form is true, complete and accurate; and
- I have included all relevant information in this form.

Applicant's
Signature

Date

What to do next

Please send your completed application form to shc-cpd@leedsbeckett.ac.uk note that currently we cannot accept postal applications.