



UNIVERSITY of York
The Department of Health Sciences

Student Information Service
Area 1, Seebohm Rowntree Building
University of York
Heslington
York YO10 5DD
Tel (01904) 321321
Fax (01904) 321383
dohs-ssprd@york.ac.uk
www.york.ac.uk/healthsciences/ssprd

Date as Postmark

Dear Applicant,

Specialist Skills and Post-Registration Development module

Many thanks for your enquiry regarding our Specialist Skills or Post-Registration Development modules.

Please find enclosed an application pack as requested.

We would ask that you refer to the guidance notes and checklist when completing your application to ensure that you provide all the information and documentation required to enable us to process your application fully. Once complete please return your form to the address indicated on the application form.

We look forward to receiving your application.

If you require any further information or advice regarding your application please do not hesitate to contact the Student Information Service on 01904 321321.

Yours faithfully,

Specialist Skills and Post-Registration Development (SSPRD) Team

Student Information Service

Guidance Notes for SSPRD Applicants

General Notes

1. Please complete the form in black ink and write clearly
2. Please ensure that you complete the form fully and do not leave any information blank
3. Please add any additional pages you may need; remember to add your full name on each additional page

Your Application

Section 1: Personal Information

Please complete this section in full.

You must include an email address that you access on a regular basis. The university will contact you at this email address to set up your student account and generate your student card on-line.

Section 2: Course

Please indicate the name of the course you are applying for, the level at which you wish to study (not applicable for all courses) and the approximate start date of the course you are applying for.

Section 3: Current Employment

Please supply full details about your current workplace and job title, the name of your manager and their job title and your employing NHS Trust (if you do not work for the NHS please give your employer name).

Section 4: Funding

Please see <http://www.york.ac.uk/healthsciences/ssprd/funding/> for the latest information. If you would like further clarification, please contact the Student Information Service on 01904 321321.

NHS Trust applicants please ensure that any Trust Study Leave/Learning Leave processes have been adhered to, and that appropriate approval has been gained prior to submitting your application. Please note that if NHS applicants wish to access a funded place they are still required to comply with this process even if they will be attending the course in their own time.

Section 5: Academic and Professional Qualifications

Your academic suitability for the course for which you have applied will be assessed based on the information you provide here so please ensure that you indicate both your professional qualification and any additional academic qualifications you have gained.

Section 6: Additional information

Please describe how you demonstrate the values of the NHS Constitution into your current working practice. This is a compulsory section if you are accessing a funded place. Your application will be returned if this is not completed.

Section 7: Signatures

Please note that if you are applying for a funded place then it is essential that your Manager and your organisation Training/Learning and Development Lead signatures appear on the form to indicate that they support your application, without these signatures, you will not be eligible for funding.

If you have any queries, please contact us on 01904 321321 or dohs-ssprd@york.ac.uk

For office use only
Ack
C/S
Y/N
OL
RD

SSPRD APPLICATION FORM – FREESTANDING MODULES

Section 1: Personal Information

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other:		
Surname			
Forename(s)			
Previous Surname			
Date of Birth		Legal Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Professional Body Registration Number			
Home address			
Postcode			
Telephone No		Mobile No	
EMAIL ADDRESS (PLEASE PRINT)			

IMPORTANT: The University will contact you at this email address. Please ensure you supply a valid email address and check this regularly.

Emergency contact 1 - name and telephone number	Emergency contact 2 - name and telephone number

Section 2: Module Selection

Module Name			
Approximate Start Date	<input type="checkbox"/> Sep to Oct 20__	<input type="checkbox"/> Jan to Mar 20__	<input type="checkbox"/> April to May 20__
Level of Study	<input type="checkbox"/> Level 5 (Diploma Level)	<input type="checkbox"/> Level 6 (Degree Level)	<input type="checkbox"/> Level 7 (Masters Level)
Have you studied this module before?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

IMPORTANT: If you have studied this module before, you must contact the Specialist Skills and Post-Registration Information team before proceeding with your application. The University only allows repeat study in exceptional circumstances and permission must be granted to repeat a module.

Section 3: Employment Details

Please provide full details of your employment in the last 2 years

Current Employment				
Post held				
Employing Authority (Trust/CCG /Private Sector)	Please provide full name of your NHS Trust, Clinical Commissioning Group or private sector employer			
Workplace Address				
Postcode				
Ward or Unit				
Telephone no				
Please provide a brief description of role and duties				
Name and job title of your Manager/ Employer				
Work address (if different)				
Postcode				
Telephone no				
Previous Employment (past 2 years)				
Date from	Date to	Employer	Post held	Client group

Section 4: Funding

My studies will be funded by (please tick one):

<input type="checkbox"/>	NHS through Health Education Yorkshire and the Humber (HEYH)
<input type="checkbox"/>	Employer
<input type="checkbox"/>	Self
<input type="checkbox"/>	Jointly by Self & Employer
<input type="checkbox"/>	Other (please specify)

Section 5: Academic and Professional Qualifications

I have obtained the following qualifications

Place of study	Name of qualification	Academic credit gained (plus level of study, e.g. level 5 or 6)	Completion date

Section 6: Additional Information

Please describe any recent other learning of development activities that may be relevant.

Please describe how you demonstrate the values of the NHS Constitution into your current working practice. (The NHS Constitution establishes the principles and values of the NHS in England visit [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf))

You are expected to discuss your studies with your manager or employer before applying. Please describe the skills and competencies that you want to enhance by this course.

Section 7: Signatures and Organisation Approval

I certify that, to the best of my knowledge, the information given in this application is true.

Applicant's Signature

Date

/ /20__

Manager's Authorisation – to be completed by your manager

As the applicant's Manager I have discussed this application with the above named person and consider it is in their interest to undertake this module/programme of study.

I confirm my support for this applicant to attend for the duration of the module/programme of study and where feasible work patterns will be adjusted to support attendance.

I certify that the applicant demonstrates the values of the NHS Constitution within their current working practice.

Supporting Manager's/Employer's Signature

Date

/ /20__

Supporting Manager's/Employer's Name (PLEASE PRINT)

Note to Applicant:

- On receipt of your supporting manager's approval (as above), please forward your application to your organisation's Training or Learning and Development Department for approval.
- We strongly recommend you retain a copy of your application and keep for reference.

Organisation Training or Learning & Development Department Authorisation

I verify that the above named applicant has been granted organisational approval to undertake this module/programme of study.

Organisation Training or Learning & Development lead signature

Date

/ /20__

Organisation Training or Learning & Development lead Name (PLEASE PRINT)

Uses of your Personal Data by the Department of Health Sciences:

The University will keep your personal data in accordance with the Data Protection Act 1998. Details on the uses of your data are available at www.york.ac.uk/records-management/dp/.

If you accept a place funded by HEYH, you also grant the Department of Health Sciences permission to:

1. Inform your employer of your application. If your application has not been approved by your Organisation Training or Learning & Development lead, we may be required to provide your employer with a copy of this application. A delay may result in you not being offered a place of the module/programme of study. By signing this application you are giving consent that we may share this information with your employer.
2. Inform HEYH of the status of your application relating to funding eligibility.

Please note that this does not allow the Department of Health Sciences to disclose information to any third party relating to status of your application or issues where the processing and communication of personal and sensitive data is involved. Any information disclosed would be with your knowledge.

Your personal data will enable the Department of Health Sciences to keep you updated with relevant information about future education programmes that might be of interest to you. Our communications with you may be via post or email. We will not disclose your details to third parties. To opt out of receiving this type of information, please tick the following box

CHECKLIST

Please make sure you enclose the following with your application

<input type="checkbox"/>	Application form, fully completed (including how you demonstrate the values of the NHS Constitution) and signed by you, your manager and your organisation Training or Learning & Development lead
<input type="checkbox"/>	Equal opportunities form, signed by you

Please ensure your application has been signed by all requested parties and you retain a copy before you return your completed pack to:

SSPRD Team
Student Information, Guidance & Help Team
Area 1, Seebohm Rowntree Building
University of York,
York YO10 5DD

EQUAL OPPORTUNITIES MONITORING FORM

The University of York is committed to a policy of Equal Opportunities. To enable the University to monitor the effectiveness of this policy, applicants are asked to complete this monitoring form. This information is used solely for the purpose of statistical monitoring of application and admission rates.

Course Applied for						
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:
Surname						
Forename(s)						
Legal Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other			
Age						
Country of Birth						
Nationality						
Disability (please circle)						
A – No known disability			G – A specific learning difficulty such as dyslexia or AD(H)D but not dyspraxia			
B – Asperger’s syndrome or other autistic spectrum disorder			G1 – Dyspraxia			
C- Blind or serious visual impairment uncorrected by glasses			H – A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches			
D- Deaf and serious hearing impairment			I – A disability, impairment or medical condition that is not listed above			
E – A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy			11 – Personal care support			
F – A mental health condition, such as depression, schizophrenia or anxiety disorder			J – Two or more impairments and/or disabling medical conditions			
If you have indicated that you have a disability, are you in receipt of a Disabled Students’ Allowance (DSA)?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ethnic Origin (please circle)						
10 – White			39 – Other Asian Background			
15 – Gypsy or Traveller			41 – Mixed – White and Black Caribbean			
21 – Black or Black British – Caribbean			42 – Mixed – White and Black African			
22 – Black or Black British – African			43 – Mixed – White and Asian			
29 – Other Black Background			49 – Other mixed background			
31 – Asian or Asian British - Indian			50 – Arab			
32 – Asian or Asian British – Pakistani			80 – Other ethnic background			
33 – Asian or Asian British – Bangladeshi			98 – Information refused / prefer not to say			
34 - Chinese						
Signature						
Date						