

## Application to Attend CPD Session

---

### Personal Details

First Names

Last Name

Title

Gender

Date of Birth

### Contact details for ALL correspondence

Address

City

Postcode

Country

Phone

Email

Mobile

Nationality

Country of Birth

Country of Residence

Current Employment

Qualifications (dates and awarding institutions)

Membership of/registration with Professional Bodies (registration number required)

Professional Indemnity (details)

Relevant experience and background knowledge relevant to the module(s) chosen

---

Emergency Contact Information

In case of an emergency while on campus, please provide the following information

Name and contact details of:

Parent

Partner

Friend

Child

Other

Name

Mobile

Telephone Work

Telephone Home

---

## Session Selection

Module title	Code	Days/sessions wish to attend
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Briefly state reason(s) for choosing session(s)

---

### Data Protection Act

The information contained in this form will be used for the purpose of processing your application and, if your application is successful, will form the basis of your University record.

### University Charter, Statute, Ordinances and Regulations

Registration at Keele University is conditional upon observation of the University's Charter, Statute, Ordinances and Regulations in effect at any time. A copy of the current version may be obtained from the University Secretary's office or is available on the web at <http://www.keele.ac.uk/policyzone/>

---

I hereby apply for admission to attend academic sessions at Keele University for the module(s) set out above, and confirm that the information provided is correct to the best of my knowledge.

### Signature

### Date

### Please return this form to:

Postgraduate Administration email [shar.postgraduate@keele.ac.uk](mailto:shar.postgraduate@keele.ac.uk) or  
School of Health and Rehabilitation  
MacKay Building  
Keele University  
Staffordshire ST5 5BG  
School website: <http://www.keele.ac.uk/healthandrehabilitation>