

# School of Health and Rehabilitation Application Form



## Application to Attend CPD Session



### Personal Details

First Names

Last Name

Title

Gender

Date of Birth

**Contact details for ALL correspondence** (If your department/trust is funding your session please supply their address)

Address

City

Postcode

Country

Phone

Email

Mobile

Fax

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Nationality

Country of Birth

Country of Residence

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**Current Employment**

**Qualifications (Dates and awarding institutions)**

**Membership of / Registration with Professional Bodies  
(Registration number required)**

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

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**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**

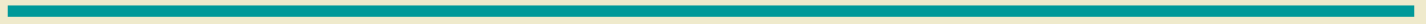
**Other**

**Name**

**Mobile**

**Telephone Work**

**Telephone Home**



## Session Selection

Session Title

Cost

Date of session

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

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## Payment Details

Who will be funding selected session(s)

Manager Agreed Funding

Self Funding

If **Manager Agreed Funding**: Address must be included above

If **Self Funding**: A cheque should be enclosed made payable to "Keele University" for the overall amount.

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### 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/>

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I hereby apply for admission to attend academic sessions at Keele University for the session(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** [m.c.iwaszko@keele.ac.uk](mailto:m.c.iwaszko@keele.ac.uk)

Or if paying by cheque (please make payable to Keele University) post to

Ann Bratt/Martine Iwaszko

School of Health and Rehabilitation, MacKay Building

Keele University

Staffordshire, ST5 5BG