

**CONFIDENTIAL**

Application for a course or module

*(Electronic Version)*

**Important: Instructions on completion**

This form is designed to be completed in Word™ and functions using the forms toolbar within Microsoft Word. To access this function:

1. Go to View.
2. Select Toolbars.
3. Select Forms (a new tool bar will appear).
4. Ensure the icon shaped as a padlock is locked to allow data entry.
5. Complete the form by entering data in the grey shaded boxes (which will expand as you type).
6. Save your form and email to us or print a copy and post it to us.
7. Always ensure you retain a copy for your records.

If you are completing the form using Word™ 2007 or 2008 the following instructions should be used:

1. Go to Office button
2. Select Word Options
3. Select Popular and check the option for ‘Show Developer tab in the Ribbon’.
4. Select Developer tab
5. In the Control section, click the button that looks like a folder and that shows the tooltip ‘Legacy Tools’. The forms fields are the first row of the dropdown on that button.
6. The Protect Document button is further to the right on the Developer ribbon and also at the right end of the Review ribbon.
7. Complete the form by entering data in the grey shaded boxes (which will expand as you type).
8. Save your form and email to us or print a copy and post it to us.
9. Always ensure you retain a copy for your records.

The first Section is an Equal Opportunities monitoring form which will be separated from your application form.



# **CONFIDENTIAL**

**EQUAL OPPORTUNITIES MONITORING**

The University of Keele is an Equal Opportunities organisation. We will not discriminate on the grounds of gender, race, partnership status, age, disability, religious or political beliefs or sexual orientation. We would be grateful if you could provide the following details which will be treated in the strictest confidence.

**1. Application Details**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Full Name |  | Date of Birth |  |
|  |  |  |  |
| Gender | Male  Female |  |  |
|  |  |  |  |

**2. Source**

|  |  |  |
| --- | --- | --- |
| Internally | School Website | Word of mouth |
| Flyer | CFP Newsletter | Other  *Please give details* |

**3. Disability**

**Do you consider that you have a disability**:  **YES**    **NO**

If you do consider yourself to have a disability, please indicate the nature of the disability from the list below. In order to meet our obligations under the Disability Equality Duty we are permitted to return two types of disability to the Higher Education Statistics Agency (HESA). Should you wish to indicate more than two types of disability, could you please confirm which you wish us to consider as your two main types. All information returned to HESA is anonymised.

|  |  |
| --- | --- |
| Specific learning disability  General learning disability  Cognitive impairment  Long-standing illness or health condition  Mental health condition | Physical impairment  Deaf or serious hearing impairment  Blind or serious visual impairment  Other type of disability  Do not wish to declare |

**If you have selected ‘other type of disability’ from the list above can you please specify:**

|  |
| --- |
|  |

## 4. Ethnic Background

The categories indicated below are structured in accordance with advice from the Commission for Racial Equality.

Please choose one section and then **cross** the appropriate box to indicate your ethnic origin.

|  |  |  |
| --- | --- | --- |
| **White** | **Mixed** | **Asian / Asian British** |
| **British**  English  Scottish  Welsh  Other, please specify    Irish  Any other white  background, please  specify | White & Black Caribbean  White and Black African  White and Asian  Any Other Mixed  background, please  specify: | Indian  Pakistani  Bangladeshi  Any other Asian  background, please  specify: |
| **Black / Black British** | **Chinese / Other Ethnic** |
| Caribbean  African  Any other Black  background, please  specify: | Chinese  Any other background,  please specify: |



School of Nursing & Midwifery

Course / Module Application Form (electronic)

##### SECTION ONE

**1. Course Details**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Module title applied for: |  | Module code: | NUR- |
|  |  |  |  |
| Academic level: | Level 3 (6) | Start date: |  |

**2. Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Surname/Family Name: |  | Preferred Title:  (Please select) | Mr   Mrs  Ms  Miss Dr  Prof |
|  |  |  |  |
| Forename(s): |  | Home Address: |  |
|  |  |  |  |
| Date of Birth: |  | Post Code: |  |
|  |  |  |  |
| Home Tel No: |  | Home email: |  |
|  |  |  |  |
| Mobile Tel No: |  | NMC PIN: |  |
|  |  |  |  |
|  |  |  |  |

**3. Work Details**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Work place: |  | Job Title: |  |
|  |  |  |  |
| Work Address: |  | Post Code: |  |
|  |  |  |  |
| Work Tel No: |  | Work email: |  |
|  |  |  |  |

**4. Nationality**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Nationality (the country for which you are entitled to hold a passport): |  | Date of first entry to live in UK (if applicable): |  |
|  |  |  |  |
| Country of Birth: |  | Country of Domicile (the country you live in): |  |
| Do you need a Visa to live in the UK or have indefinite leave to remain confirmed by the Home Office? Yes/No  (please delete as appropriate) | | | |
| If indicating ‘Yes’, please continue to part 5 below.  If indicating ‘No’, please continue to section two on the following page. | | | |

**5. Visa Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  |  | | |  | |
| Do you currently have a UK Visa or indefinite leave to remain confirmed by the Home Office? (delete as appropriate) Yes / No  If you have answered ‘yes’, please answer the remaining questions below.  If you have answered ‘no’, please continue to section two on the next page. | | | | | | | | | |
|  | |  | | | |  | | |  |
| What type of visa do you have? (eg Tier 2, Tier 5, etc): | | | | | | | | | |
|  |  | |  | | | |  | | |
| Enter your visa number here: |  | | Visa expiry date: | | | |  | | |
| Have you been granted indefinite leave to remain? (please delete as appropriate): | Yes/No | | If yes, please enter the date: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**SECTION TWO**

**1. Education**

**Higher Education (e.g. Degree, Postgraduate Qualification)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | | *Please use the additional information section or on an additional sheet if necessary* | | | |
| From  Mth/Yr | To  Mth/Yr | **Place of Study** | **Subject & Level** | **Grade** | **Date gained (or expected)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Other Qualifications**

Please list any other relevant qualifications including post-qualifying professional qualifications and membership of professional societies and/or associations.

**2. Relevant Career History**

Please list other relevant employment details

|  |  |
| --- | --- |
| **Dates Employed** | |
| ***From***  *Month/Year* | ***To***  *Month/Year* | **Employer’s Name** | **Post Title** | **Brief Description of duties** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**3. Confirmation of Details**

I declare that the information provided on this form is accurate and complete. I understand that any wilful statement or omissions render me liable to disqualification.

Signature                 Date

|  |
| --- |
| **4. Quality assurance**  As part of the School’s desire to continually improve the quality of our courses, please indicate below how you heard about the course / module you are applying for: |

**5. Application submission**

Please return your completed application:

By Post: Learning Beyond Registration Office

Keele University School of Nursing & Midwifery

Clinical Education Centre

University Hospital of North Staffordshire NHS Trust

Newcastle Road

Stoke on Trent

ST4 6QG

By email to: [nursing.cpd@keele.ac.uk](mailto:nursing.cpd@keele.ac.uk) Please include ‘LBR application’ in the title of your email message

Tel: 01782 679600

***Thank you for taking the time to complete this application***

Please complete the Funding details form below:

**Funding details**

**Section 1**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Surname/Family Name: |  | Preferred Title:  (Please select) | Mr  Mrs  Ms  Miss Dr  Prof |
|  |  |  |  |
| Forename(s): |  | Home Address: |  |
|  |  |  |  |
| Place of work: |  | Post Code: |  |
|  |  |  |  |
| Work email address: |  | Work Tel No: |  |
|  |  |  |  |
| Course / module applied for: |  | Mobile Tel No: |  |
|  |  |  |  |

**Section 2**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Who will be funding your course / module?  (\*please delete as appropriate) | Self (100%)\*  Employer/Sponsor – **please provide a purchase order** | | |
|  |  |  |  |
| Name of budget holder: |  | Job title: |  |
| Budget holder phone No: |  | Email: |  |
|  |  |  |  |
| Signature: |  | Date: |  |
|  |  |  |  |
| Code: |  |  |  |
| Please note: If payment is to be deducted from your salary, it is the responsibility of the applicant to inform the relevant Salaries Department | | | |

**Please note: Section 2 must be completed otherwise your application cannot be processed.**