

Life & Medical Sciences Short Course Application Form

Please print clearly in **BLOCK CAPITALS**

Surname					
First name(s)					
Title					
Previous family name					
Date of Birth	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Tel No	<input type="text"/>		Mobile Tel No	<input type="text"/>	
Work Tel No	<input type="text"/>				
Email address	<input type="text"/>				
<i>(Please PRINT your email address clearly as all correspondence will be sent electronically)</i>					
Home address	<input type="text"/>				
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Title	<input type="text"/>				
Profession <i>(please tick one of the following)</i>					
<input type="checkbox"/>	Allied Health Professional	<input type="checkbox"/>	Health Scientist	<input type="checkbox"/>	Nurse
<input type="checkbox"/>	Midwife	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Other
If you have previously studied at UH, it is essential to quote your student number					<input type="text"/>
you can obtain this number by emailing your full name and date of birth to lms-cpd@herts.ac.uk					

Short course information

Please clearly indicate the code and title of the course that you wish to undertake

Short course code	Date	Short Course Title	Accredited or Non accredited

Payment of Fees

Please choose one of the following three payment options. If you do not include funding details you will be considered as self funding. Failure to complete funding information will delay the application process.

OPTION 1 - SELF FUNDING

You can pay by debit or credit card. Please telephone the cash office on 01707 284 811 quoting the budget code. You can also pay by cheque (payable to University of Hertfordshire).

OPTION 2 - EMPLOYER/SPONSOR FUNDING

This section must be completed if your employer or sponsor has agreed to pay all or part of your tuition fees. (This is not money via the contract as below)

Name (Print)

Address

Authorising signature

Contact number

Email address

OPTION 3

NHS CPD CONTRACT FUNDING

Money supplied to Trusts/CCG for training purposes. This will need to be signed by the Authorised Signatory within your Trust/CCG – please ensure it is signed before being sent to the LMS CPD office.

Name of Trust/CCG & Code

Trust/CCG Address

Print Name

Signature of Authorised Signatory

Contact number & Email address

I confirm that the above Trust/CCG will pay the students fees for the above modules

Authorising
stamp for
CPD Contract

Signature

(Please use an electronic signature if emailing the form)

Print Name

Date

Please tick the box to agree to the Universities Terms and Conditions, which can be found on the University website.
<http://web-apps.herts.ac.uk/uhweb/apps/online-application/terms-and-conditions.cfm>

Please return completed form to:

University of Hertfordshire, Life & Medical Sciences CPD, Room F262 Wright Building, College Lane, Hatfield, AL10 9AB
or email to: lms-cpd@herts.ac.uk