University of Hertfordshire

cpd training

short courses

Health and Social Work CPD Application form Guidance notes for completion

General

Before completing the form, please read these notes carefully. Make sure you have visited the Health and Social Work CPD website (**go.herts.ac.uk/cpdhealthandsocialwork**) and read the relevant details that relates to the course(s) for which you are applying. Please ensure that you are familiar with the entry requirements.

It is important that you correctly fill in the information required and fully complete the application form as failure to do so may lead to your application not being processed.

Please note that you will need to complete a CPD application form for each academic year that you study with us. This form can be obtained by visiting our Health and Social Work CPD website: **go.herts.ac.uk/cpdapply** or by emailing: **cpdhealth@herts.ac.uk**

Section 1
COURSE DETAILS

In one academic year you can study a maximum of 45 credits on stand alone courses. Alternatively if you want to study to gain an award you can study 60 credits on a part-time basis and 120 credits on a full time basis.

Section 2
PERSONAL DETAILS

This section needs to be fully completed. **Please clearly enter your email address as all correspondence will be sent electronically**. If you work in the NHS you may experience problems receiving information via email due to firewall. In this case, it is preferred that you provide us with a personal email address.

When you send us your application form it needs to include a scanned copy of your passport

Section 3
EMPLOYMENT AND ACADEMIC INFORMATION

This section needs to be fully completed. This information allows the lecturer to confirm that you are competent and able to study at the right level.

Section 4
PAYMENT OF FEES

If you are **not** self funding, then please ensure that you have completed the correct processes to obtain allocated funding.

Option 1 - your fees are to be funded via the NHS CPD contract. You will need to have this part of the form signed by one of the following:

- Head of Education and Organisational Development
- Professional Education Manager
- Training Manager for Learning and Development.

Please speak to your line manager to find who your relevant signatory will be.

Option 2 – you are being sponsored and your fees are being paid by your employer who will need to complete this section of the application form.

Please note that without either option 1 or 2 being fully completed you will be liable for all costs.

Section 5
REFERENCES AND DECLARATION

You will need a reference to support your application. This should be provided by your current or previous employer or academic tutor. It should be completed on headed paper and sent together with the application form.

NOTE: If you send the references to our address at a later date, your name must be clearly written for identification purposes.

Students who have previously attended a course at the University

Students who are continuing to study on the same course should complete the following sections only:

- Section 1, part A and B
- Section 2
- Section 4

This is relevant only for students who are continuing on a course at the University. If the last course you attended was at least a year ago you need to fill in all sections.

Please return completed form to: cpdhealth@herts.ac.uk

University of Hertfordshire, Health and Social Work CPD, Room 1F264, Wright Building, College Lane, Hatfield, AL10 9AB

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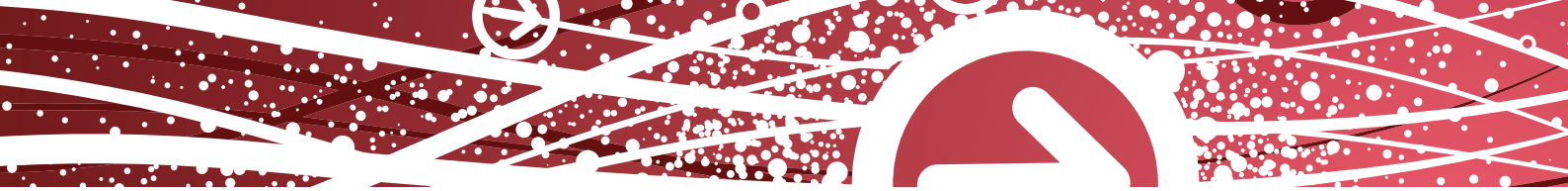

Section 1 Course Details – part A

- [ ] I am applying for a BSc/MSc course. (Please fill in all sections)
- [ ] I am applying for a stand alone course only. (Please fill in all sections)
- [ ] I am already registered on a BSc/MSc course and want to continue with the following modules for this academic year. (Please state your ID number below and fill in part B of section 1, and all parts of sections 2 and 4)

ID number

Course Details – part B

BSc/MSc programme information

Please write the course title that you are applying for as given in the University's website (**www.herts.ac.uk**)

Please clearly state which module(s) you would like to study in this academic year.
You can obtain this information from the A-Z course listing on **go.herts.ac.uk/cpdhealthandsocialwork**

Module title	Module code	Preferred start date

Course Details – part C

Please supply additional information about how this module/programme will benefit your continuing professional development in the workplace

Section 2 – Personal details

Part A

Title

Surname

First name(s)

Previous family name

Date of Birth - - Male ☐ Female ☐

Home Tel No Mobile Tel No

Work Tel No

Note: Please enter your email address correctly as all correspondence will be sent electronically (a personal email address is preferred - see section 2 of the guide notes)

Email address

Home address

Postcode

Date of entry to the UK

Nationality

Country of birth

Part B

Job Title

Place of work

Professional Body Pin / Registration Number

Expiry date

D D M M Y Y

What is your profession?

- ☐ Dietitian
- ☐ Nurse
- ☐ Radiographer
- ☐ Social Worker
- ☐ Paramedic
- ☐ Sports Therapist
- ☐ Midwife
- ☐ Physiotherapist
- ☐ Other (please specify below)

Section 3 – Employment and academic information

Part A - *Present or most recent employment (we require details of your employment for the last 5 years)*

Employer and department name	Job title and clinical area	Date from	Date to

Part B - ***Professional qualifications (HE Certs, Diplomas, Degrees. Copies of your certificates and / or transcripts will need to be attached to this application form)***

Course title	Training institute / Validating body	Date of completion

Section 4 – Payment of Fees

1. NHS CPD contract funding

NHS HLE name			
Trust name			
Name of authorised signatory		Date	
Signature			
Email address			
Contact number			

Information on attendance, performance (including module grades) and serious cases of academic or other dishonesty (for example plagiarism) may be made available to your employer, and, where appropriate, any relevant professional body and / or regulatory body. This information is required in order to meet our contractual requirements with the relevant NHS Health Local Education and Training Body.

2. Employee/sponsorship funding

Name of company			
Address			
Purchase order no			
Authorised signature		Date	
Print name			
Contact number			
Email address			

3. Self-funding

☐ I agree to pay the fees for the above course (s)

Student signature	
Print name	
Date	

Please note that if part 1 and 2 of this section are not completed then you will be fully liable for all costs

Section 5 – References and declaration

References - *You need to supply a sealed employer's/professional reference with your application form*

Criminal record declaration

Please indicate if you have a relevant criminal conviction

☐ Yes ☐ No

If yes, has your employer been informed?

☐ Yes ☐ No

Applicants who answer 'YES' will not be automatically excluded from the application process. However, the University may ask for more information before making a decision.

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted.

Student signature	
Print name	
Date	

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