Bournemouth University

Faculty of Health and Social Sciences

Application form for
MSc / Postgraduate Diploma Advanced Clinical Practice

IMPORTANT:
Please read the accompanying notes on page 6 and ensure you complete all sections in full. Please complete your application by typing in **BLOCK CAPITALS**. Your form must be submitted together with photocopies of all certificates. **Incomplete application forms will cause a delay in the application process and may result in a lost place.**

Completed forms should be sent to: hsscpdapplications@bournemouth.ac.uk
(Please provide both home and work email addresses as your confirmation is sent via email.)

Intake applying for:	
Have you studied at Bournemouth University before? Yes ❑ No ❑ If YES, please give your student reference number	

1 PERSONAL DETAILS	The personal information you supply will not adversely affect your application for a place - see reference to our Equal Opportunities policy in the Personal Declaration section of this form
Surname/Family Name BLOCK CAPITALS)	**Title Miss / Mrs /Ms / Mr**
First Names (in full)	**Preferred Name**
Previous Name (if changed)	
Male ❑ **Female** ❑	**Date of Birth** (dd/mm/yy)
NMC / HCPC or Professional PIN (If applicable) **Have been registered with NMC or HCPC for 3 years?** Yes❑ No❑	**Expiry Date:**
Home Address	
Post Code	**Email**
Telephone (inc international/STD code)	**Mobile Number**
Nationality (e.g. British, Spanish, Chinese etc). If you have dual nationality, please state both	
What is your home country?	
In which country have you been living for the last 3 years?	
Ethnic Origin please enter the appropriate code from the list on page 6	
Additional Needs please enter the appropriate code from the list on page 6 (this will not adversely affect your application for a place)	

2 EMPLOYMENT DETAILS

Current Role	
Trust / Organisation	
Ward / Department / Unit	
Hospital	
Address	
Post Code	**Telephone** **(inc international / STD Code)**
Email	

Are you employed in practice for a minimum of 20 hours per week? **Yes** ☐ **No** ☐

3 SUPPORTING MANAGER – to be completed by your Manager (if applicable)

I support this application and confirm that the necessary study time has been agreed and that practice-based opportunities and clinical assessment will be available

Signed:	**Name in Block Letters**
Telephone number & extension (inc international / STD code)	
Email	**Date**

4 FEES – Who is paying your tuition fees for the course/unit?

(A) Health Education England ☐

LBR LEAD TO COMPLETE - Authorisation of allocation of a contracted place

Authorised Signature:..... **Date**: .....

Name in Block Letters: .....

(B) Self-funded ☐

If you are paying all or some of your tuition fee, you will be sent a Payment Agreement for Tuition Fees. This form must be returned on or before the first day of the course with your payment.

If known, please indicate the percentage of fee you will be paying (e.g. 100%) .....

I agree to pay for the tuition fees for the above stated unit/course

Signature: ..... **Date**: .....

Name in Block Letters: .....

(C) Sponsored ☐

If you are being sponsored by your employer or other organisation, you will be sent a Payment Agreement for Tuition Fees. This form **must** be returned by the student on or before the first day of the course with the sponsorship section fully completed.
Note: It is the student's responsibility to ensure that this form is returned to the University. Failure to do so will result in the student being required to pay the fees.

If known, please indicate the percentage of fee you will be paying (e.g. 100%) .....

Employer Signature: ..... **Date**: .....

Name in Block Letters: .....

5 ACADEMIC & PROFESSIONAL QUALIFICATIONS ALREADY ACHIEVED

Copies of your professional certificates, qualifications, degree / diploma certificates and evidence of credits and level for any modules completed **must** be submitted with your completed application form

University / Awarding Institution / Examining Body	Higher Education Qualification / Module Title (title, subjects, class or grade)	Credit Points Awarded & Level	Date Awarded

Examinations or assessments to be taken or results pending (if none, write 'none')

University / Awarding Institution / Examining Body	Higher Education Qualification / Module Title (title, subjects, class or grade)	Credit Points & Level	Date Result Expected

6 PERSONAL STATEMENT

Please indicate your reasons for choosing the programme applied for, career aspirations and any other information that you wish us to know about when considering your application. Give a brief description of your current role and current clinical area. Please continue on a separate sheet if necessary

7 PERSONAL DECLARATION

The aim of the admissions process is to select students who have the ability and motivation to benefit from the programmes they intend to follow and who will make a contribution to the life of the University

The process takes place within the context of the University's Equal Opportunities policy which expresses the University's commitment to a comprehensive policy of equal opportunities for students in which individuals are selected and treated on the basis of their relevant merits and abilities and are given equal opportunities within the University. The aim of the policy is to ensure that no prospective student or enrolled student should receive less favourable treatment on any grounds which are not relevant to academic ability or attainment.

It is, however, important that these aims are achieved without prejudice to the safety and well being of other members of the University community.

You are asked to state whether or not you have any relevant criminal convictions. Relevant criminal convictions are only those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974) are not considered to be relevant and you should not reveal them

You must enter **x** in the box if either of the following statements applies to you

☐ **I have a relevant criminal conviction that is not spent**

☐ **I am serving a prison sentence for a relevant criminal conviction**

☐ **I am currently undergoing investigation by NMC**

☐ **I am working under conditions of practice from NMC**

If you enter **x** in the box you will not be automatically excluded from the application process. However, we will want to consider your application further and may require further information before making a decision.

I confirm that whether submitting this application form electronically or on paper, the information given in my application form is true, complete and accurate, and that no information requested or other material information has been omitted. I undertake to be bound by all the rules and by-laws in force under the Articles of Government of the University. I accept that, if I do not comply with these requirements, the University may cancel my application and any subsequent offer and I shall have no claim against the University in relation thereto.

Data Protection Act 2018 I agree to Bournemouth University processing personal data contained in this form, or other data which the institution may obtain from me or other people, whilst I am an applicant. I agree that information received by the institution will be stored in hard copy and in a central computer database, and that it will be used for internal University administrative and management purposes and for those purposes registered with the Information Commissioner.

The University may, at any time, as you, your referee or employer to provide more information about your application (for example, proof of identity, status, qualifications or employment history). If we do not receive the information by a set date, or the information is not satisfactory, we can cancel your application.

For those students who are applying through an official contracted representative of BU, information relating to your application and subsequent enrolment at BU may be shared with the relevant representative.

I understand that details of my progress and attendance may be released to my sponsor/employer.

Applicant's Name .....

Applicant's Signature ..... Date:.....

The **PGDip Advanced Nurse Practitioner** course comprises the following units of study. If you have already successfully completed some of the modules at Bournemouth University or at another university and wish to apply for exemption or APL please complete the following section. You must provide a copy of the transcript of your results and the credit awarded in support of this claim.

If you have previously undertaken the unit at degree level [Level (6)], you may be exempted from attending the unit, but you will be required to complete an assessment at masters level [Level 7)].

YEAR 1:

Professional Issues for Advanced Practice ☐

Advanced History Taking & Physical Examination ☐

Level already completed Level 6 ☐ Level 7 ☐

At which university did you complete this unit? .....

Advanced Health Assessment & Decision Making ☐

YEAR 2:

Independent & Supplementary Prescribing for Nurses & Midwives ☐

Level already completed Level 6 ☐ Level 7 ☐

At which university did you complete this unit? .....

Advanced Practice Portfolio ☐

This page is for information only and does not need to be returned with your application

TIPS ON COMPLETING THIS FORM

1 It is important that you complete all sections of the application form in full. Incomplete application forms will cause a delay in the application process and may result in a lost place.

2 **Level of study**: A number of modules are available at different academic levels of study: Level 5 (diploma level), Level 6 (degree level), or Level 7 (masters level). Where this is the case, it is important you indicate the level you wish to study at. You will be enrolled on the unit at the level you request, and it is not normally possible to change level once you have enrolled.

3 **Qualifications:** Ensure you have listed all your academic and professional qualifications including your professional registration. Don't forget to include photocopies of your certificates, academic transcripts of results or credit awarded for courses/modules completed.

Your application is assessed based on the information you provide

4 **Sections of the form to be signed**. There are three sections which need to be signed. Please note these all need to be completed in order for your application to be processed.

- **Section 4** – **Supporting Manager** – your Manager (if applicable) will need to sign this section before the form is passed for authorised funding approval.
- **Section 5** – **Fees** – One section needs to be completed as follows:
  - **A** - if the unit or course is funded as part of the LBR contract or other specialist contract. This must be signed by an authorised signatory for your organisation.
  - **B** – if the student is self-funding the course or unit of study
  - **C** – if the employer is sponsoring
- **Section 8** – **Personal Declaration** – you, the applicant, must sign this section

5 **Confirmation of your place**: The earlier you submit your application form the better. Your place on the course/module is not firm until you have received confirmation from the University. If we receive your application less than 6 weeks prior to the start date there may not be time to process it and you may be unable to access certain facilities on your first day. Once your application has been approved, you will receive an offer letter and further details. All correspondence is sent to your home address.

6 **Submitting application forms** – unless you are paying for your module/course yourself, your application form must be submitted via your Trust/organisation Education/Learning & Development Lead.

7 **Contact details for the Faculty of Health and Social Sciences Post-registration Admissions Team:**

Address: Post Registration Courses Admissions Office, Faculty of Health and Social Sciences, Bournemouth University, Room R109, Royal London House, Christchurch Road, Bournemouth BH1 3LT
Telephone: 01202 962036
Fax: 01202 962041
Enquires: hscpostregadmissions@bournemouth.ac.uk
Applications only: hsscpdapplications@bournemouth.ac.uk

PERSONAL DETAILS - CODES

Ethnicity Code		
11 White	31 Indian	42 Mixed White & Black African
16 Gypsy or Traveller	32 Pakistani	43 Mixed White & Asian
21 Black Caribbean	33 Bangladeshi	49 Other Mixed Background
22 Black African	34 Chinese	50 Arab
29 Black Other	39 Asian other	80 Other
	41 Mixed White & Black Caribbean	98 Information refused
Additional Needs Code		
A No known disability	D Deafness	H Physical Impairment
B Social/Communication impairment	E Long Term illness	I Other
C Visual Impairment	F Mental Health Condition	J Multiple Disabilities
	G Learning Difficulty	T Autistic Spectrum Disorder

PLEASE KEEP A COPY FOR YOUR OWN RECORDS

LEARNING AGREEMENT

MSc/PG Dip Advanced Clinical Practice

START DATE: **VENUE:**

STUDENT NAME: .....

CLINICAL MANAGER NAME: .....

MENTOR NAME:.....

The MSc/PG Dip Advanced Clinical Practice programme is probably unlike any other you may be used to. The emphasis throughout is on practice based learning, the aim of which is to bring visible benefits to the clinical area throughout the programme and beyond. To ensure that this programme fully meets the needs of both the clinical areas and the course participants it is important that everyone involved should appreciate the nature of the investment required and the outcomes that can reasonably be expected. To this end final acceptance on the programme is dependent upon the existence of an explicit agreement between all parties. In particular confirmation is required that the clinical area in which the student is located is suitable for an advanced role.

Thus we would ask you to complete the following, which takes the form of a contract, and return it to the Admissions Team **prior to the start of the course.**

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1. **The student and clinical manager are invited to provide a brief summary of the nature of the proposed advanced role. (Continue overleaf if necessary)**

Signed:

Student ..... Date .....

Clinical Manager ..... Date .....

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2. **I agree to provide support for the student by:**
   - Releasing the student for the planned taught programme
   - Providing the student with the equivalent of 15 days of clinical based learning per year
   - Actively exploring with the student ways they can consolidate and further develop their skills upon completion of the course
   - Actively participating in agreeing the learning objectives in conjunction with the student and the University Lecturer Practitioner

Signed (Clinical Manager) ..... Date .....

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3. **I agree to provide support for the student by:**
   - Organising and structuring teaching in the student's clinical area
   - In conjunction with the student arranging teaching outside the student's own area
   - Facilitating the practice based assessments
   - Liaising with a named lecturer practitioner
   - Actively exploring with the student ways they can consolidate and further develop their skills upon completion of the course

Signed (Mentor) ..... Date

PLEASE KEEP A COPY FOR YOUR OWN RECORDS

LBR TRUST AUTHORISED SIGNATORIES			
Trust	**Authorised Signatories**	**Telephone**	**Email**
Avon, Wilts Mental Health Partnership	Kathleen Bond Chantelle Jackson	 0117 3784464	Kathleen.bond@nhs.net chantelle.jackson1@nhs.net
Dorset County Hospital NHS Foundation Trust	Nicola Tutton Tina Jackson	01305 255201 01305 255178	Nicola.tutton@dchft.nhs.uk Tina.jackson@dchft.nhs.uk
Dorset Healthcare NHS Foundation Trust	Ashley Ellis Kerry Curran Lorraine Climo	01202 277183 01202 277171 01202 277169	ashley.ellis@dhuft.nhs.uk Kerry.curran@dhuft.nhs.uk Lorraine.climo@dhuft.nhs.uk
Great Western Hospitals NHS Foundation Trust (Community)	Shelley Knight Elizabeth Dabner	01793 604437 01793 604168	Shelley.knight@gwh.nhs.uk Elizabeth.dabner@gwh.nhs.uk
Hampshire Hospitals NHS Foundation Trust	Donna May Lucy Alderton	01962 824123 01962 824123	Donna.may@hhft.nhs.uk lucy.alderton@hhft.nhs.uk
Isle of Wight NHS Trust	Jenny Honeyman	01983 822099 Extn 5358	Jenny.honeyman@iow.nhs.uk
Poole Hospital NHS Foundation Trust	Jonathan Harding Lisa Harrison	01202 442389 01202 448026	jonathan.harding@poole.nhs.uk lisa.harrison@poole.nhs.uk
Portsmouth Hospitals NHS Foundation Trust	Louise Hatch Sarah Caley	023 922 8600 Extn 1202 023 922 8600 Extn 1202	Louise.hatch@porthosp.nhs.uk sarah.caley@porthosp.nhs.uk
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	Alice Girling Lisa McManus	01202 303626 extn 5893 01202 303626 Extn 4903	alice.girling@rbch.nhs.uk lisa.mcmanus@rbch.nhs.uk
Salisbury NHS Foundation Trust	Juliet Borwell Kelly Budgell	01722 336262 Extn 5832 01722 336262 Extn 4489	Juliet.borwell@salisbury.nhs.uk Kelly.budgell@salisbury.nhs.uk
Solent NHS Trust	Glynis Fortes Stephanie Bellows	023 8060 8867 023 8053 8701	glynis.fortes@solent.nhs.uk Stephanie.bellows@solent.nhs.uk
Somerset Partnership NHS Foundation Trust	Jess Henry	01278 432134	Jess.henry@sompar.nhs.uk
Southern Health NHS Foundation Trust	Lorraine Grace Mary Hillier	023 8047 5169 023 8047 5171	Lorraine.grace@southernhealth.nhs.uk mary.hillier@southernhealth.nhs.uk
Taunton & Somerset NHS Foundation Trust	Wendy Powell Rachael Delafeild	01823 344566 01823 343538	Wendy.powell@tst.nhs.uk Rachael.delafeild@tst.nhs.uk
University Hospital Southampton NHS Foundation Trust	Alison Trenerry Laura Smith	023 8120 4917 023 8120 8679	Alison.trenerry@uhs.nhs.uk Laura-marie.smith@uhs.nhs.uk
Yeovil District Hospital NHS Foundation Trust	Ed Moore Elaine Cox	01935 384585 01935 384529	Edward.moore@ydh.nhs.uk Elaine.cox@ydh.nhs.uk