

Staff use only
 Student Number..... New / Continuing
 SI Updated Letter Spreadsheet CPD code

Faculty of Health and Wellbeing
Learning Beyond Registration (LBR) Application Form 2011/2012

Please indicate the health authority you are applying from

- Yorkshire and Humber Strategic Health Authority
- East Midlands Healthcare Workforce Deanery

TRUSTS / PRIVATE ORGANISATION - PLEASE COMPLETE

I confirm that the Trust named below has authorised the person named on this form to receive funding for the modules / courses listed below

Name of Trust/Private Organisation :

Signature of LBR Lead PRINT NAME..... Date:.....

Signature of Line Manager..... PRINT NAME Date:.....

APPLICANTS - PLEASE COMPLETE

1	TITLE (eg MR, MS, DR)	DOB	SEX (M/F)
	FAMILY NAME	PREVIOUS SURNAME	
	FIRST NAMES		
	HOME ADDRESS	HOME TEL NO	
		MOBILE TEL NO	
		WORK TEL NO	
	POSTCODE	EMAIL ADDRESS	
	WORK ADDRESS		

2 Please list the module(s) for which you are applying: If you are applying for a whole course please list all modules you will be studying during your attendance for this academic year. **(IF YOU ARE UNDERTAKING WORK BASED MODULES (SHELL) PLEASE COMPLETE SECTION 3)**

Full Module Title	Credits	Level	Start date

For PG Office use only			
The total number of credits funding approved has been approved for is			
Funding Approved	YES	NO	Signed
Academic approval	YES	NO	Signed

Return this form at least 5 weeks prior to course commencement to: Business Development Team, Faculty of Health and Wellbeing, Parkholme, 30 Collegiate Crescent, Sheffield Hallam University, Sheffield, S10 2BP. Please be aware that funding is allocated on a first come first served basis therefore early application is recommended.

3. FOR STUDENTS UNDERTAKING WORK BASED MODULES (SHELL) ONLY.

This Work based Project /Activity has been discussed and is relevant to the learner's professional development and organisational goals.
<i>Insert topic here</i>

The learner will be supported in this venture by a designated work place mentor/coach and will be provided the opportunity / space to develop the project as outlined in the learning contract

Learner: signature print name.....

Mentor/ Coach signature..... print name.....

Line Manager SignaturePrint name.....

4 Are you intending to use the credit from these modules towards an award (BA/MSc etc)?

Yes No Award title: _____

5. Professional Body Registration:

Registration Number: Expiry date:

PROFESSIONAL GROUP (eg. physio, O.T)

6. Employment

EMPLOYMENT	
Please list your present post first, followed by other posts you have held.	
Names and addresses of employers	Post held

Have you been a student at Sheffield Hallam University before? Yes No

If you are a current student please complete section 7 then go to section 12. If you are a new student please complete section 7 onwards.

Section 7 - to be completed if you are a current student at Sheffield Hallam University

7.
I am a currently enrolled student. My Student Number is _____
The course on which I am currently enrolled is _____
now go to section 12

Section 8 onwards - to be completed by all new students (this information will be used to assess your suitability for the named course or module/s for which you are seeking funding)

8. Academic and Professional qualifications and credit. Please include details of BOTH qualifications and academic credit gained either at Sheffield Hallam University or elsewhere

Examining Body (Organisation responsible for your qualification)	Subject (e.g. Nursing, Occupational Therapy etc)	Type (e.g. Advanced Dip, BA, Credit only - state credit gained)	Professional Qualification (e.g. RGN, RMN etc. where relevant)	Year (of award)

9. Further Information

Please give further information in support of your module/ course application. Include reasons why you wish to access the module/s or course listed giving information regarding Continuing Professional Development you have already undertaken, highlighting relevant work experience and in service training.

Please continue on a separate sheet if necessary

10. References

Please supply the name, address, telephone number and email of two appropriate referees. (such as your manager, clinical educator or an academic referee). Take up of references may vary from course to course.

1. _____ 2. _____

11. Disabilities and support needs

Type of disability

- | | |
|---|--|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Blind/partially sighted |
| <input type="checkbox"/> Deaf/hearing impairment | <input type="checkbox"/> Wheelchair user/mobility difficulty |
| <input type="checkbox"/> Autistic spectrum disorder/Asperger syndrome | <input type="checkbox"/> Mental health difficulty |
| <input type="checkbox"/> Multiple difficulties | <input type="checkbox"/> Personal Care Support |
| <input type="checkbox"/> 'Hidden disabilities' (diabetes, epilepsy, asthma etc) | <input type="text" value="please specify"/> |

Other

Nature of support required

12. Criminal Convictions

Do you have any relevant criminal convictions? Yes No

13. Equal opportunities monitoring

Ethnic origin

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black Other | <input type="checkbox"/> Asian Other |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Other |

Religion (please tick the relevant option)

BAH'AI BUDDHIST HINDU JEW ISLAM / MUSLIM SIKH

OTHER PREFER NOT SAY NONE PAGAN

CHRISTIAN / C&E / ROMAN CATHOLIC

Country of birth (please specify)

Nationality (please specify)

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14. Declaration

I confirm that, to the best of my knowledge, the information given in this form is true, complete and accurate and no information requested or other material information has been omitted. I give my consent to the processing of my data by Sheffield Hallam University. I understand that any offer of a place on the above course is subject to my acceptance of the University's terms and conditions, (<http://students.shu.ac.uk/rightsrules>), which I have received and read. I understand what they say, and I agree to abide by the conditions set out there. I accept that if I do not fully comply with these requirements, Sheffield Hallam University reserves the right to cancel my application and I shall have no claim against Sheffield Hallam University in relation to this application. I agree to the disclosure of my data to my employers and the Strategic Health Authority.

Applicant's Signature Date

Sheffield Hallam University use only

Approved by Course Leader

Date

Data Protection Statement

The information you supply on this form will be used by Sheffield Hallam University in accordance with the Data Protection Act 1998 and other applicable legislation. The University will use the information to process your application and to provide any relevant further information by post, e-mail or text. It will also be used to support the University's marketing and market research activities.

Please tick if you do not wish to receive further information by

Post Text E-mail Phone

If at any time you change your mind and would like the University to stop sending such information, please contact the Dept. of Marketing, Sheffield Hallam University, Sheffield S1 1WB or e-mail marketing@shu.ac.uk.

The University does not share the information you have provided with any other third party, except research agencies which assist with or carry out research and service providers who deliver e-mail and text messages on the University's behalf. The University ensures that such agencies will also handle personal data in accordance with the Data Protection Act.

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