



Application Form for Non Medical Prescribing Training 2011/12

Please tick appropriate region:

Yorkshire and Humber

LBR Lead signature (East midlands only).....

East Midlands

1 TRUST OR ORGANISATION - PLEASE COMPLETE

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

I also confirm that the applicant's CRB status has been checked within the last 3 yrs

Name of Trust or Organisation:

Signature of Organisation or Trust Non Medical Prescribing Lead:

PRINT NAME: Email:..... Date:

Signature of Line Manager: PRINT NAME: Date:

2 APPLICANTS - PLEASE COMPLETE

TITLE (e.g. MR, MS, DR)	DOB:	SEX (M/F):
FAMILY NAME:	PREVIOUS SURNAME:	
FIRST NAMES:		
HOME ADDRESS:	WORK ADDRESS:	
POSTCODE:	POSTCODE:	
HOME TEL NO:	WORK TEL NO:	
MOBILE TEL NO:	WORK MOBILE TEL NO:	
EMAIL ADDRESS:	WORK EMAIL ADDRESS:	
PROFESSION:	Professional Body Registration Number:	

Have you undertaken a prescribing course before?

(if yes, please give details of previous application and University)

I am applying to study at:
(please tick relevant box)

Level 6

Level 7

September or February Start?

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Please complete Section A (if you are an existing student) and Section B for all applicants

Section A - to be completed if you are currently undertaking other study

<p>I am a currently enrolled student at.....University</p> <p>My Student Number is:</p> <p>The course on which I am currently enrolled is:</p>
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Section B - to be completed by all applicants

(this information will be used to assess your suitability for the named course or module/s for which you are seeking funding)

4 ACADEMIC AND PROFESSIONAL QUALIFICATIONS

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

5 FURTHER CONTINUING PROFESSIONAL DEVELOPMENT COURSES UNDERTAKEN

Examining Body (Organisation responsible for your qualification)/award	Subject (e.g. Nursing, Physiotherapy, Pharmacy etc)	Level of Study	Credit Awarded	Year (of award)

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6 EMPLOYMENT

EMPLOYMENT Please list your present post first, followed by other posts you have held in the last 10 years		
Names and addresses of employers	Post held	Dates

7 FURTHER INFORMATION

<p>Please give further information in support of your application. Include reasons why you wish to undertake non medical prescribing, giving information regarding how prescribing will facilitate your practice development and enhance patient care.</p>
<p>Please continue on a separate sheet if necessary</p>

<p>Anticipated prescribing opportunities Please indicate the range of medications and products that you anticipate being able to prescribe in your practice, and the approximate number of patients per annum</p>
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Return this form at least 5 weeks prior to course commencement to: Business Development Team, Q205 Parkholme 30 Collegiate Crescent, Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield, S10 2BP.

10. I confirm that, to the best of my knowledge, the information given on this form is correct and complete. I agree to the disclosure of my data to my employers and the Strategic Health Authority.

Applicant's Signature: **Date:**

For 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.

Please return this form to your NMP lead, who will forward to Sheffield Hallam University