

**Application Form - September 2022 and January 2023 Intakes (Cohort 008 & 009)**

All students applying to enter the course must have the agreement and support of their Unit Matron and Education Team

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| **1. Personal Details (please complete in BLOCK CAPITALS)** | | | | | |
| Title  (Mr/Mrs/Ms/Miss) | Surname/Family Name | | First Name(s)/Given Name(s) | | Gender Male/Female |
| Nationality | | Country of Permanent residence (Domicile) | | NMC Pin Number: | |
| Correspondence Address  (This will be used for all correspondence)  Postcode:  Mobile number:  Other contact number:  Email address: | | | Date of Birth (dd/mm/yyyy): | | |
| Previous Surname (if applicable) | | |
| Permanent Home Address  (if different from correspondence address)  Postcode: | | |
| **2. Programme Details** | | | | | |
| Critical Care Course - Fundamentals Unit and Advancing Unit  60 Credits - Level 6 and Level 7 | | | | | |
| Preferred Level of study: Level 6 Level 7    If Level 7 is preferred, please indicate which of the following you have:  1st Degree 2:1 Degree Previous study at Level 7 | | | | | |
| Have you previously applied for this course? No Yes (Date if known) | | | | | |
| **3. Work History** | | | | | |
| Job Title and Department | | Hospital | Number of Contracted Hours | Start Date | End Date |
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| **4. Qualifications held** | | | | | |
| Please list all subjects taken, whatever the result, in chronological order. Continue on a separate sheet if necessary | | | | | |
| Diploma, Degree or other professional qualification | Subject | Date Completed | University/college | Result | Credits (if applicable) |
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| **5. English Language** | | | | | |
| Is your country of origin a majority English speaking country? Yes No  If you answered No, please complete the box with details of your English Language qualification and provide a photocopy of your certificate with this application form. University requirements are an IELTS of 6.5 overall with no lower than 6 in any component  If you answered Yes, please complete the box with details of the English Language qualification you have, e.g. GCSE, A-Level | | | | | |
| Name of English Language qualification type of test taken | | Award body/college/university | | Date of qualification | Result |
|  | |  | |  |  |
| **6. Personal Statement** | | | | | |
| Please provide/attach a personal statement that sets out your reasons for undertaking the course. If you have been out of education for some time, please outline any relevant experience that may be taken into account. | | | | | |
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| **7. Disability/special needs** | | | | | |
| Do you have any specific educational requirements?  Yes No  \*If yes, please give details and (if appropriate) please provide supporting paperwork with the application form.  Do you have a disability, impairment or medical condition?  Yes No  \*If yes, please give details and (if appropriate) please provide supporting paperwork with the application form. | | | | | |
| **8. Other specific requirements** | | | | | |
| Do you have any other specific requirements as regards the course/study days? | | | | | |

**Notes for Applicants/Requirements for the Course**

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| --- | --- |
| **Applications** | Application forms must be sent to Sophie Beavors (address at bottom of application form) by **Monday 28th February 2022.** |
| **Interviews** | Interview dates are Monday 13th and Tuesday 14th June 2022.  **Please state in section 8 “Other specific requirements” if you are unable to make one of these dates.**  It may not be possible to arrange an alternate interview date after the closing date.  Invites to interview will be sent via email so please supply correct email address. |
| **Programme Induction** | Course Induction will take place on day 1. Students external to LTHT will be given library access at this point. |
| **Competency Element** | **All students who are external to LTHT** must have an approved NMC named mentor within their own area to support them through the competency process. Competency assessment should be taking place and recorded within the National Competency Framework document as the student progresses through the course.  Students are responsible for the safe-keeping of their National Competency Framework document. LTHT will not provide lost/damaged documents. |
| **Academic Element** | All students will be allocated an Academic Adviser on induction to support them through the course. |
| **Submission dates** | Fundamentals Module - Assignment submission will be identified to students on day one - induction.  Advancing Module - End of course presentation - Students will be assigned a date on commencement of Advancing module.  **Students must ensure they are available to attend on their assigned day to deliver their presentation.** |

**Application Declaration**

I declare that the information on this form is correct and that I have been granted permission to apply for this programme by my line manager/unit matron. I understand that any offer of a place is subject to the agreement and support of my manager/unit matron. I accept that if I do not provide the evidence requested at my interview, Leeds Teaching Hospitals reserves the right to refuse me entry on to the course.

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Matron/Unit Manager Support**

I agree to support (applicant name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To attend taught lecture days at Leeds Teaching Hospitals.

Matron/Unit Manager

(Please sign and print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Clinical Educator / Unit Education Lead Support**

I agree to support (applicant name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm the applicant has completed their Steps 1 Competencies

Clinical Educator / Unit Education Lead

(Please sign and print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please post completed application form to:**

Sophie Beavors,

Admin Office,

J81 Offices, 2nd Floor

St James’s University Hospital,

Beckett Street,

Leeds Teaching Hospitals

LS9 7TF

Or email to [s.beavors@nhs.net](mailto:s.beavors@nhs.net)