Module Application Form

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| **Section 1: To be completed by student**  |
| Course Name:       | Course Dates:       |
| Applicant Full Name:       | Date of Birth:       |
| Email:       |
| Address:       |
| Role:       | Organisation:       |
| Professional Affiliation:       |
| Body: NMC / HCPC.       | Registration number:       |
| Date of Registration:       | Expiration:       |

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| **Section 2: To be completed by student**  |
| Please insure you include your highest level of qualification to date, progression qualification and accredited CPD in the last 5 year and imputed chronologically. If needed, please add additional boxes as required.  |
| **Qualification and Education: 1** |
| Institute:       | Qualification name:        |
| Date from:       | Date to (blank if still studying):       |
| Still Studying:       | Grade/result:       |

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| **Qualification and Education: 2** |
| Institute:       | Qualification name:       |
| Date from:       | Date to (blank if still studying):       |
| Still Studying:       | Grade/result:       |

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| **Qualification and Education: 3** |
| Institute:       | Qualification name:       |
| Date from:       | Date to (blank if still studying):       |
| Still Studying:       | Grade/result:        |

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| **Qualification and Education: 4** |
| Institute:        | Qualification name:       |
| Date from:       | Date to (blank if still studying):       |
| Still Studying:       | Grade/result:       |



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| **Qualification and Education: 5** |
| Institute:      | Qualification name:       |
| Date from:       | Date to (blank if still studying):       |
| Still Studying:       | Grade/result:       |

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| **Qualification and Education: 6** |
| Institute:       | Qualification name:       |
| Date from:       | Date to (blank if still studying):       |
| Still Studying:       | Grade/result:       |

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| **Section 3: To be completed by Student**  |
| **Funding:** |
| I am self-funding: |  |
| My Organisation is funding this module/course: |  |
| Name of Organisation:       |
| Email of Organisation:       | Telephone number of organisation:      |
| Application Date:       | Fee:       |

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| **To be completed by your trust’s education lead:** |
| Funding type:      | PO Number:      |
| Funding approval contact Name:      | Education lead Signature:      |

Please return fully completed forms to kch-tr.academic-applications@nhs.net