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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: | |

|  |  |
| --- | --- |
| **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](mailto:kch-tr.academic-applications@nhs.net)