



PLEASE ENSURE ALL SECTIONS OF THIS FORM ARE COMPLETED IN FULL. FAILURE TO DO SO MAY RESULT IN YOUR APPLICATION BEING REJECTED

PROFESSIONAL DEVELOPMENT UNIT - PARTNERSHIP APPLICATION FORM

Name of applicant:
(BLOCK CAPITALS)

University Registration Number:
(IF APPLICABLE)

Full Programme enrolled on (title and code):
(IF APPLICABLE)

I wish to apply for a place on the following module(s):

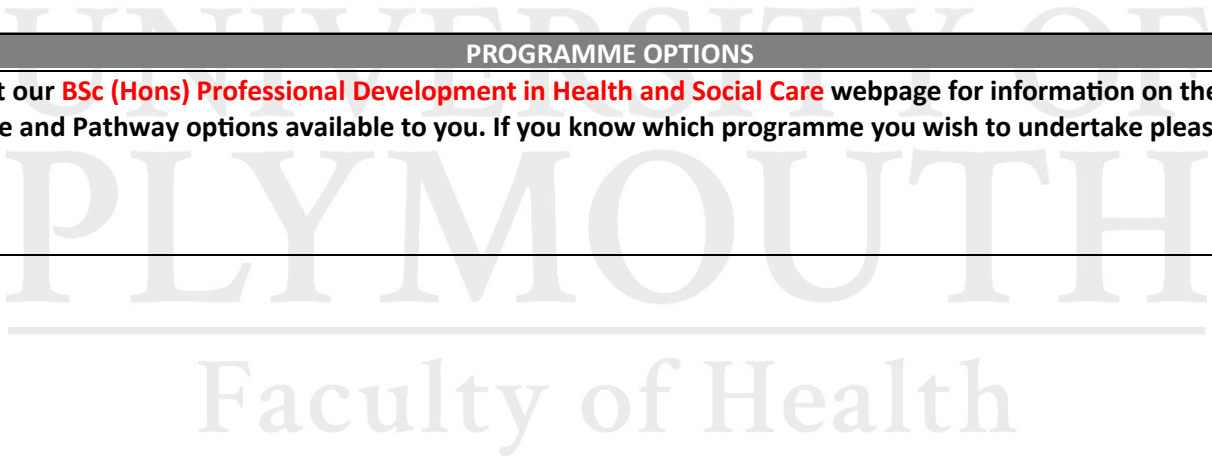
MODULE TITLE	MODULE CODE	START DATE

To study at:

Level 6 (Degree) <i>(TICK AS APPLICABLE)</i>	Level 7 (Masters)
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PROGRAMME OPTIONS

Please visit our **BSc (Hons) Professional Development in Health and Social Care** webpage for information on the Programme and Pathway options available to you. If you know which programme you wish to undertake please indicate it here:



PERSONAL DETAILS

Surname:	Full forename(s):
Maiden Name:	Previous name(s):
Title: (MR / MRS / MISS ETC)	Date of birth:
Nationality:	

Professional Body PIN Number (eg. NMC, HCPC, GOC, GMC, GPhC):

CORRESPONDENCE DETAILS

Home Address:	Home Phone:	Mobile Phone:
Town / City:	Work Phone:	
Postcode:	Email (Personal):	
	Email (Work):	

Your preferred email for correspondence:

Personal

Work

(TICK AS APPLICABLE)

WORK DETAILS

Name of Organisation:	
Job Title:	Department:

EMERGENCY CONTACT DETAILS

Contact Name:	Home Phone:
Relationship:	Mobile Phone:
Address: (IF DIFFERENT FROM ABOVE)	

QUALIFICATION DETAILS

Some modules are only available at Master's level. To access Master's level modules applicants should have an Honours Degree (2:2 or above). Applicants who have their employer's support to study a module, but do not have the relevant academic qualifications, may be asked to write a critical review to demonstrate that they are capable of proceeding to Master's level study. Acceptance onto the module will be at the discretion of the University.

Important: You must provide information on your higher education qualifications achieved, which should include qualifications gained at other institutions. We are required to report this information to the Higher Education Statistics Agency. This also assists with assessing your suitability for the module.

QUALIFICATION	SUBJECT	GRADE	DATE ACHIEVED	INSTITUTION	CREDITS ACHIEVED If standalone module only (e.g. 20)
BSc (Hons)	Nursing	2:1	2023	University of Plymouth	

(EXAMPLE)

PARENTAL EDUCATION

Do any of your parents have any higher education qualifications such as a degree, diploma or certificate of higher education?

Yes No Don't wish to say (TICK AS APPLICABLE)

To learn more about why we collect the following details please visit our [admissions page](#)
[Student Privacy Notice](#) How and why the University of Plymouth collects, uses and shares your data

RELIGION AND ETHNICITY

- [100] Asian - Bangladeshi or Bangladeshi British
- [101] Asian - Chinese or Chinese British
- [103] Asian - Indian or Indian British
- [104] Asian - Pakistani or Pakistani British
- [119] Any other Asian background
- [120] Black - African or African British
- [121] Black - Caribbean or Caribbean British
- [139] Any other black background
- [140] Mixed or multiple ethnic groups - white or white British and Asian or Asian British
- [141] Mixed or multiple ethnic groups - white or white British and black African or black African British

(TICK AS APPLICABLE)

- [142] Mixed or multiple ethnic groups - White or White British and Black Caribbean or Black Caribbean British
- [159] Any other mixed or multiple ethnic background
- [160] White - English, Scottish, Welsh, Northern Irish or British
- [163] White - Gypsy or Irish traveller
- [166] White - Irish
- [168] White - Roma
- [179] Any other white background
- [180] Arab
- [899] Any other ethnic background
- [998] Prefer not to say

- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

- Christian
(INC. CHURCH OF ENGLAND, CATHOLIC, PROTESTANT AND OTHER CHRISTIAN DENOMINATIONS)
- Any other religion
- None
- Do not wish to answer

(TICK AS APPLICABLE)

SEXUAL ORIENTATION

- [1] Bisexual
- [2] Gay man
- [3] Gay woman / Lesbian
- [4] Heterosexual
- [5] Other
- [98] Do not wish to answer

(TICK AS APPLICABLE)

GENDER / SEX ID

What is your preferred gender? **Male** **Female**

What is your gender record on one of your legal documents such as birth certificate, Gender Recognition Certificate, or passport?

Do you identify as transgender? **Yes** **No** **Do not wish to answer**

(TICK AS APPLICABLE)

CARE LEAVER

What is your care experience status?

- [98] Prefer not to say
- [08] Self-declared care experience but not confirmed
- [06] Care leaver
- [09] No experience of care
- [07] Care experienced

(TICK AS APPLICABLE)

DISABILITY STATUS

Do you have an impairment, health condition or learning difference that has a substantial and long-term impact on your ability to carry out normal day to day activities?

- [51] Learning difference such as dyslexia, dyspraxia or AD(H)D
- [53] Social / communication conditions such as speech and language impairment or an autistic spectrum condition
- [54] Long term illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- [55] Mental health condition, challenge or disorder such as depression, schizophrenia or anxiety
- [56] Physical impairment (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying
- [57] D/deaf or have a hearing impairment
- [58] Blind or have a visual impairment uncorrected by glasses
- [59] Development condition that you have had since childhood which affects motor, cognitive, social and emotional skills and speech and language
- [95] No known impairment, health condition or learning difference
- [96] An impairment, health condition or learning difference not listed above
- [98] Prefer not to say

DISABILITY DISCLOSURE

If indicated above that you have a disability, please sign the relevant section below:

YES: I agree to relevant information about my disability and / or support arrangements being disclosed to those lecturing and administrative staff who have a need to know.

In the event that I do not take up a place I understand that this information will be shredded within a reasonable period.

Signature:

Date:

NO: I do not agree to disclose about my disability and understand that this may limit the support I receive.

I agree to inform **Student Services** if I reconsider this decision.

Signature:

Date:

You may not wish to disclose your disability at this point. However, we may not be able to meet your individual needs if we do not have the opportunity to assess them in advance, and that could impact on your experience of the course or even your ability to take up your place.

APPLICANT DECLARATION

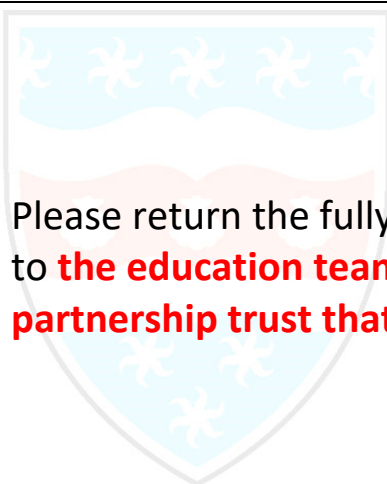
(PLEASE SIGN TO INDICATE YOUR AGREEMENT WITH THE FOLLOWING STATEMENT)

I intend to take up a place on the module indicated, confirm that I understand the criteria of entry, and meet the necessary requirements.

I agree to undertake the assignments associated with this module.

Signed:

Date:



Please return the fully completed form to **the education team at the partnership trust that runs the module.**

UNIVERSITY OF
PLYMOUTH

Faculty of Health