

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

PR	ROFESSIONAL DEVELOPMENT U	INIT - MODULE	E APPLICATION FORM	
Name of applicant: (BLOCK CAPITALS) Full Programme enrolled on ( (IF APPLICABLE)  I wish to apply for a place on	title and code):	Jniversity Regi	stration Number:	
N	MODULE TITLE		MODULE CODE	START DATE
	36	20 7/		
To study at:	Level 6 (degree)	Level 7 (Ma	sters)	
(TICK AS APPLICABLE)				
	PROGRAM	ME OPTIONS		
	ofessional Development in Hea ions available to you. If you kn			

PERSONAL DETAILS			
Surname:	Full forename(s):		
Maiden Name:	Previous name(s):		
Title:	Date of birth:		
Country of birth: Cou	ntry of residence:	Natio	onality:
Professional Body PIN Number (eg. NMC, HCP	C, GOC, GMC, GPho	C):	
	CORRESPONDENC	CE DETAILS	
Home Address:	Home Phone:	Mobi	le Phone:
Town / City:	Work Phone:		
Postcode:	Email (Personal):		
	Email (Work):		
Your preferred email for correspondence:	Personal	Work	(TICK AS APPLICABLE)
	WORK DET	AILS	(TICK AS APPLICABLE)
Name of Organisation:	ER	SIT	OF
Job Title: Department:			
	EMERGENCY CONT	ACT DETAILS	
Contact Name: Relationship:		Home Phone:	
relationship.			
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	SORIFCI	GRADE	DATE ACHIEVED	INSTITUTION	If standalone module only (e.g. 20)
BSc (Hons)	Nursing	2:1	2023	University of Plymouth	
(EXAMF	PLE)				
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# 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

# STUDENT UNION MEMBERSHIP

The University of Plymouth shares student data with the University of Plymouth Students' Union (UPSU) for the purposes of membership to the Union.

Please tick this box if you wish to join the University of Plymouth Students' Union or benefit from its facilities or services.

You can find out more about UPSU at: <a href="https://www.up">https://www.up</a>	osu.com/about/
	* * *
RELIGI	ON AND ETHNICITY
Please select your ethnicity	
	1 2k /
Please select your religion	
	CARE LEAVER
	FRSIIY ()F
What is your care experience status	
SEX	UAL ORIENTATION
	VI O O I II
Please select your sexual orientation	
HaC11	ty of Health
G	GENDER / SEX ID
What is your preferred gender	Prefered pronouns
Do you identify as transgender	
Do you lucitally as transgenuel	

What is your gender recorded on one of your legal documents? (Such as birth certificate, Gender Recognition Certificate, or passport)

### **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?

Please select

# **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:

**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:

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.

Faculty of Health

### **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