

**PRE – ADVANCED HEALTH ASSESSMENT STAND ALONE MODULE APPLICATION**

**Please complete this form and upload it to your online university application. This form must be completed before commencing your MODULE.**

**If you are unable to upload to your online application, please return to Katherine James** [**Katherine.James@staffs.ac.uk**](mailto:Katherine.James@staffs.ac.uk) **and Amy Blakemore** [**HSWadminsupport@staffs.ac.uk**](mailto:HSWadminsupport@staffs.ac.uk)

**SECTION 1**

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| --- | --- | --- | --- |
| **Applicant Details** | | | |
| **Name** |  | | |
| **Profession** | Nurse/Midwife 🞏 | Allied Health Professional 🞏  Please state profession………………………………………… | |
| **Job Title** |  | | |
| **Contact Details** | **Work** | | **Home** |
| **Address** |  | |  |
| **Post Code** |  | |  |
| **Contact Number** |  | |  |
| **E-mail address** |  | | |
| **Tick preferred correspondence address** | 🞏 | | 🞏 |

**SECTION 2**

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| --- | --- | --- | --- | --- |
| **Professional Eligibility (please complete section relevant to your professional background)** | | | | |
| **Nursing and Midwifery** | | | | |
| **Are you a 1st level registered nurse/midwife/specialist community public health nurse currently on the NMC register?** | | **Yes 🞏**  **No 🞏** | | |
| **Please state area of practice** | |  | | |
| **\*Number of years (WTE) post qualification experience?** |  | **Number of years (WTE) in the proposed prescribing clinical speciality?** | |  |
| **NMC PIN** |  | | **Expiry Date** |  |
| **Allied Health Professionals** | | | | |
| **Professional Group** |  | | | |
| **Please state area of practice** |  | | | |
| **\*Number of years (WTE) post qualification experience?** |  | | | |
| **HCPC registration number** |  | | **Expiry Date** |  |

**SECTION 3**

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| **Confirmation and other details** | | | |
| **Please confirm the following:** | |  | |
| **To undertake this course you will be need to undertake 90 hours supervised clinical practice time. You will require a Co-ordinating educational supervisors( this can be a register health care professional who is an ACP, DOCTOR, CONSULTANT ) have you arranged this. This person will ultimately sign of your clinical competency document**  **You can also have multiple associate supervisors this can be any healthcare professional you would benefit from working with who can assist you to get your 90 hrs eg a physiotherapist for MSK assessment, a radiographer when looking at xray interpretation are some examples. Do you have anyone in mind?**  **Are you in date for your DBS ? You will need to provide a copy of this on your first day**  *:*  **Do you have any learning needs? if so please complete the box below**  **Is your line manger in support of you doing this module? If so please add there details below** | | **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏** | |
| **Name of line manager (Please print)** |  | | |
| **Organisation** |  | | |
| **Job Title** |  | | |
| **Work address** |  | | |
| **Telephone number** |  | | |
| **E-mail address** |  | | |
| **Signature** |  | **Date** |  |

**SECTION 4**

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| **Learning needs only fill description below if you have any needs and feel you may require support** |
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**SECTION 5**

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| **Applicant (Student) Agreement** | | | |
| * I agree that I have looked at the module information available on line and am happy with the module structure. <https://www.staffs.ac.uk/course/advanced-health-assessment-2-module> | | | |
| **Signature** |  | **Date** |  |
| **Print Name** |  |