UNIVERSITY CERTFICATE IN HEALTH AND SOCIAL CARE PRACTICE MODULAR SCHEME

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| APPLICATION FORMAll fields must be completed as failure to complete some fields may delay consideration. There is no payment required with this form. Please read the guidance notes.PERSONAL DETAILS

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| Forename: | Click or tap here to enter text. |
| Surname: | Click or tap here to enter text. |
| Previous Surname: | Click or tap here to enter text. |
| Title (Mr/Mrs/Miss/Ms/etc) | Click or tap here to enter text. |
| Date of Birth: | Click or tap to enter a date. |
| Permanent Address: | Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |
| Country | Click or tap here to enter text. |
| Male/Female | Select |
| Email  | Click or tap here to enter text. |
| Home/Mobile Number | Click or tap here to enter text. |
| Nationality | Click or tap here to enter text. |
| Place of Birth | Click or tap here to enter text. |
| National Insurance Number | Click or tap here to enter text. |
| Preferred Start Date (Sept/Jan/June | Click or tap here to enter text. |

470059 Health and Social Care Module Scheme1st Preference optional module Click or tap here to enter text.2nd Preference optional module Click or tap here to enter text.Is any module you have applied for under this scheme a requirement to undertake a pre-registration (midwifery/nursing/ODP) course? Please tick [ ]  if yesTitle(s) of required module(s) Click or tap here to enter text.Title(s) of pre-registration course Click or tap here to enter text.Start date of pre-registration course Click or tap to enter a date.

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| Do you require a visa to work/study in the UK? Y [ ]  N [ ] If yes, please enclose a copy of your passport with visa/residence permit. |

EMPLOYMENT

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| Do you work for an NHS Trust? Please give details of your employer if you ave answered yes. | Y [ ] N [ ] Click or tap here to enter text. |

**CRIMINAL CONVICTIONS**

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| Have you ever been convicted of any criminal offence, been bound over or cautioned? | Y [ ]  | N [ ]  |
| Do you agree to a CRB check? | Y [ ]  | N [ ]  |

DISABILITYPlease tick the appropriate boxY [ ]  A. No disability/special need, or not aware of any additional support requirements for study or accommodation.Y [ ]  B. You have a social/communication impairment such as Asperger’s Syndrome/other autistic spectrum disorder.Y [ ]  C. You are blind or have a serious visual impairment uncorrected by glasses.Y [ ]  D. You are deaf or have a serious hearing impairment.Y [ ]  E. You have a long-standing illness or health conditions such as cancer, HIV, diabetes, chronic heart disease or epilepsy.Y [ ]  F You have a mental health condition, such as depression, schizophrenia or anxiety disorder.Y [ ]  G You have a specific learning difficulty such as dyslexia, dyspraxia or AD (H)D.Y [ ]  H You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.Y [ ]  I You have a disability or impairment or medical conditions that is not listed above.Y [ ]  J You have two or more impairment and/or disability medical conditions.Please give any further details/special need not listed above or where further information would be helpful.Click or tap here to enter text.PERSONAL STATEMENTIn this space you can enter any further information you believe to be relevant and which is not given elsewhere on the form.It provides you with an invaluable opportunity to explain your motivation and suitability for the course.Click or tap here to enter text.  |

**STUDY FEE INFORMATION**

**PART A Yorkshire & The Humber YHLETB funding:**

I verify that the person named on this application is entitled to a maximum funding of 120 credits (level 4,5 or 6) 180 credits (level 7).

Trust Name Click or tap here to enter text.

Print Name Click or tap here to enter text. Job Title Click or tap here to enter text.

Contact Number Click or tap here to enter text. Email Click or tap here to enter text.

Signature Click or tap here to enter text. Date Click or tap here to enter text.

**Part B – Sponsor Funding**

Name of Sponsor in Full Click or tap here to enter text.

Contact Number Click or tap here to enter text.

Name, Address and Postcode (to which invoice for payment to be sent)

Click or tap here to enter text.

Number of credits: 120 (level 4,5 or 6) 180 (level 7) other (please state) Click or tap here to enter text.

Sponsor to verify that the payment details are correct:

Total Agreed Payment: Click or tap here to enter text.

Print Name Click or tap here to enter text. Job title Click or tap here to enter text.

Signature Click or tap here to enter text. Date Click or tap to enter a date.

Telephone Number Click or tap here to enter text.

Email Click or tap here to enter text.

**Part C Self Funding**

I confirm that I Click or tap here to enter text. am responsible for the payment of the study fee for Click or tap here to enter text. credits at level 4.

SignatureClick or tap here to enter text.

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| **NOTE; Should you withdraw from your study at the University of Hull, you may be liable for fees relevant to your course of study.** |

**I confirm that the information I have given is true and accurate and that I have not withheld any details relevant to my application. I understand that the information I have provided on this form and in accompanying papers will be made available to those staff of the University concerned with student matters. I understand that any offer of a place as a student that I receive will be based on the information given in this form and that if I am found to have given false or incomplete information, any such offer will be withdrawn. I have read and understood the notes for completion of this form. I understand that the data provided will be held by the University of Hull in accordance with the UK Data Protection Act 1998.**

**Applicant Signature** Click or tap here to enter text.

**Date** Click or tap to enter a date.

**Please return your completed application form to the** **fhs.admiss@hull.ac.uk** **mailbox.**

**Please note that we cannot currently accept postal applications.**