

Continuing Professional Development Application Form

Health Care Studies HECert

****When applying for a full award you *MUST* include copies of your previous certificates. If qualifications obtained overseas you *MUST* attach copies of certificates and Course Transcripts in order for your application to be assessed. YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THESE****

STAND ALONE MODULE NAME	MODULE CODE	START DATE	VENUE

Have you previously studied at Swansea University?

Student number if known:

PERSONAL DETAILS (Please complete using BLOCK CAPITALS)

Surname/Family Name:	Previous Surname/Family Name (if applicable):	Other Names (in full):	Title:
Home address:		Work address:	
Postcode:	Home Tel:	Postcode:	Work Tel:
Mobile No:	Email (work):		
	Email (home):		

If possible, please provide an e-mail address that you are able to check regularly as we will use this for any correspondence

Nationality:	Country of Birth:	Date of Birth Date month year
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Residency status if non:UK

If your nationality is non-UK, you may be required to meet with the compliance team to confirm your right to study. Until this check is complete, you will not be able to enrol as a student of Swansea University.

Welsh Language Proficiency (UK Students only): Are you a fluent Welsh speaker? Yes No

Disability: The University encourages you to disclose your disability, medical condition, wellbeing difficulty or specific learning difficulty to ensure that we can advise you on the range of services and adjustments we can provide. Please tick the following box(es) as appropriate:

A	No known disability	
B	Autism/Asperger's	
C	Blind/visually impaired	
D	Hearing impaired/Deaf	
E	Unseen disability (diabetes, epilepsy, heart condition, cancer, etc.)	

F	Wellbeing difficulties (including anxiety, depression and phobias)	
G	Dyslexia	
H	Wheelchair user/mobility difficulties	
I	Other disability	
J	Multiple disabilities/complex	

QUALIFICATIONS/TRAINING

Should you wish to progress onto our Nursing BSc please bear in mind that you will also need to hold a Level 2 (GCSE grades A-C) in Maths (or Essential Skills in Application of Number/Numeracy) or be prepared to undertake before progression

Date	Name of Qualification	Institution	Level	Subject	CATS Points

Job Title:	Current Banding/Grade:
Professional Body Registration:	
Number:	Registration Expiry Date:

FUNDING/SPONSORSHIP

Please tick one of the following:

Self-funding (You will be required to provide your bank details during the <i>enrolment process</i>)
Contract funded (SBUHB/Hywel Dda Staff only)
Fee Code: Approved Health Board signatory:
Print Name: <i>Forms without an approved signature will be returned</i>
Other/Sponsorship Details:
Please complete the sponsorship form or attach a letter from your sponsor confirming their commitment to fund you. This should include the sponsor's name and full address, invoice contact name and email address, and PO number (if applicable)

DECLARATION: I confirm that to the best of my knowledge the information on this form is correct. I agree to pay all fees associated with this study in the event of non-payment by the stipulated sponsor. I agree to abide by the Rules and Regulations of the University. I acknowledge that any work submitted electronically during the period of my enrollment at Swansea University may also be submitted via electronic plagiarism detection software. I understand the University is required to supply personal data to certain regulatory and statutory bodies concerned with the Higher Education sector and also supplies personal data to transact its normal business activities and to enable students to make use of services and facilities. (All information on University forms are covered by the provisions of the Data Protection Act 1998 and further details are published on the University's web pages). **I understand that information relating to my progress can be shared with my employer.**

Signature of Applicant:

Date:

PLEASE RETURN COMPLETED FORM TO: cpd-medicinehealthlifescience@swansea.ac.uk

Level 4 Certificate in Health Care Studies

In a Maximum of 500 words, please explain:

- *Why you want to undertake this certificate and how it will benefit your development?*
- *How do you incorporate the health board values into your role?*
- *What do you understand about the HCSW Code of Conduct?*

Consideration will be given to your literacy skills, including the standards of grammar and spelling.

