**1. Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename |  |
| Email |  | Date of Birth |  |
| Professional Group |  | Contact number (please enter) |  |
| Employer/Trust |  |

**2. Module you have applied for:**

|  |  |  |
| --- | --- | --- |
| **Module Code** | **Title** | **Start date** |
|  |  |  |
| **3. Declaration** I hereby accept and agree to observe the Charter, Statues, Ordinances and Regulations of the University of Sheffield, including those relating to health and safety, discipline, intellectual property rights and specific Safety Regulations of Departments and Divisions (available from Heads of Departments and Chairmen of Divisions). I confirm that I have not undertaken any of the Units applied for previously (either at the same or a different level). I understand that any units previously undertaken will not be credited to my academic award | **Data Protection Act** I confirm that the personal data on this form is accurate and complete and I consent to it being processed by the University of Sheffield in accordance with its registration under the Data Protection Act 1998. I understand that this data will be used by the Higher Education Statistics Agency for statistical purposes, and by the relevant sponsor for the purposes of recording professional awards and may be passed to the Council Tax Office of the local authority, and that the University may process my data for research purposes and market research. You should be aware that the information about your enrolment, attendance and progress at this establishment may be passed to the IND of the Home Office for purposes connected with immigration. I hereby give my consent to the processing of the sensitive personal data, as defined by the Data Protection Act 1998, which I have provided separately to assist the University in monitoring its equal opportunities policy and socio-economic trends. I agree to information and progression details be shared with my employing organisation and relevant Health Education commissioner. |

Applicant signature………………………………………………………….. Date ……………………….

**You now need to complete ONE of the following sections to show how your fees will be paid.**

**Section 4 if you are paying the fees yourself.**

**Section 5 if your Employer or other body (eg a charity) is paying your fees. This is classed as being Sponsored**

**Section 6 if your NHS Trust/Employer is paying for you from the CPD funding allocated to them.**

**Section 7 if you are claiming Trust Workforce Development Funding from Health Education Yorkshire and the Humber or East Midlands.**

|  |  |  |
| --- | --- | --- |
| **4) Self-funded** | **□** | Tuition fee to be paid by me: £\_\_\_\_\_\_\_\_\_\_ |
| If you are paying all or some of your tuition fee, you do not need to pay the fee now. The University will send you an email advising you to register and pay your tuition fee online.If you do not know the cost of your selected module please email hss-admissions@sheffield.ac.uk |

**OR**

|  |  |  |
| --- | --- | --- |
| **5) Sponsored** | **□** | Tuition fee to be paid by my sponsor (eg your employer): £\_\_\_\_\_\_\_\_\_\_ |
| If a sponsor is paying your tuition fee you **must** attach written confirmation on company letter-headed paper from your sponsor agreeing to pay the fees for your study. **We cannot process your application until this is received.**  |
| If you do not know the cost of your selected module please email hss-admissions@sheffield.ac.uk |

**(Please turn to next page)**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename |  |
| **Module Code** | **Title** | **Start date** |
|  |  |  |

**OR**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6) Trust/Employer CPD Funded** |  |  |  |  |
| **Line Manager declaration:** |
| I confirm that the applicant is employed by this organisation, that I support the person named on this form to receive Trust/Employer CPD funding for the module listed in Section 2 and will release the applicant to attend any taught/online sessions

|  |
| --- |
| **Name of Trust/Employer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line Manager signature: |
| Print Name: |
| Email address: |
| Date: |

 |

OR

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7) Trust Workforce Development (SSPRD) Funded** | **□** | Yorkshire and the Humber | **□** | East Midlands |
| Please tick the relevant box,If you are unsure whether you qualify for NHS WDF (SSPRD) funding, please contact your Trust for information.If you are unsure who your WDF (SSPRD) lead is, please see: [www.sheffield.ac.uk/hsccpd/lbr\_leads](http://www.sheffield.ac.uk/hsccpd/lbr_leads)**Line Manager declaration:** |
| I confirm that the applicant is employed by this organisation, that I support the person named on this form to receive WDF (SSPRD) funding for the module listed in Section 2 and will release the applicant to attend any taught/online sessions

|  |
| --- |
| **Name of Trust** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line Manager signature: |
| Print Name: |
| Email address: |
| Date: |

 |

**WDF (SSPRD) Lead Approval:**

**Please note that for 6) Trust/Employer CPD funding and 7) WDF this section must be completed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of WDF(SSPRD) Lead or equivalent** |  | **Date:** |  |
| **Print Name and your role as authorised signatory.** | **An authorised signature here gives permission for the University of Sheffield to deduct funds from the WDF allocation or to invoice the Trust for the module fee.** |
| **Email address** |  |

**Please scan & email the fully completed form, at least 7 weeks prior to commencement of the module to** **hss-admissions@sheffield.ac.uk**

**At the present time we are unable to accept forms received in the post as our office is closed and we are working remotely.**