**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 2018. I understand that this data will be used by the Higher Education Statistics Agency (HESA) for statistical purposes, and by the relevant sponsor for the purposes of recording professional awards and that the University may process my data for research purposes and market research. In addition to this I understand that the information about my 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 2018, 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. [www.sheffield.ac.uk/govern/data-protection/privacy/students](https://www.sheffield.ac.uk/govern/data-protection/privacy/students)   |

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

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| **4) Line Manager declaration: (MUST BE COMPLETED)** |
| I confirm that the applicant is employed by this organisation, that I support the person named on this form and will release the applicant to attend any taught/online sessions

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

**Please scan & email the fully completed form and any attachments, at least 7 weeks prior to commencement of the module to****ahpnm-admissions@sheffield.ac.uk****If you wish you may post your form to** CPD Admissions, School of Applied Health Professions, Nursing and Midwifery, University of Sheffield, 362 Mushroom Lane, SHEFFIELD, S10 2TS but we prefer to receive them by email as we are a paperless office wherever possible. |

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

**5) Please indicate how your fees will be paid. (MUST BE COMPLETED)**

* **Self-Funded** 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.
* **Sponsored** by your employer or other body (eg a charity). You must attach a written confirmation addressed to the University, on Company letter-headed paper from your fee payer agreeing to pay the fees for your study including any information we would need to invoice for the fee and a Purchase Order Number. **We cannot process your application until this is received.**

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| **Name and Address of Sponsor** |
| Name of person who we should send queries to: |
| Email address: |

Enter Tuition fee to be paid: £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have selected **Self-Funded** or **Sponsored**.

If you do not know the cost of your selected module, please email **ahpnm-admissions@sheffield.ac.uk**

* **CPD Funding** from South Yorkshire and Bassetlaw (SYB) Partners

**We will contact your employer to confirm this funding.** Please tick one of the boxes below.

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Care in SYB |  | Barnsley District General Hospital |  |
| Sheffield Teaching Hospitals |  | Doncaster and Bassetlaw NHS Trust |  |
| Doncaster, Rotherham, Sheffield & Wakefield CCGs |  | RDaSH (in South Yorkshire & Bassetlaw) |  |
| Rotherham General Hospitals |  | Sheffield Children’s Hospital |  |
| Sheffield Health and Social Care |  | Yorkshire Ambulance Service (Working in SYB) |  |

* **Health Education England - Workforce Development Funding**
(Was SSPRD/LBR funding) Please tick one of the boxes below.

|  |  |  |  |
| --- | --- | --- | --- |
| South Yorkshire and Bassetlaw |  | West Yorkshire |  |
| Humber Coast and Vale |  | North East |  |

* **Other contract or pre-payment - made directly with The University of Sheffield, School of Applied Health Professions, Nursing and Midwifery.**

You must obtain authorisation from your organisation. You will have to apply to them for funding to obtain a place on the module. Please check [**www.sheffield.ac.uk/ahpnm/continuing-professional-development/lbr-lead**](http://www.sheffield.ac.uk/ahpnm/continuing-professional-development/lbr-lead) for who to contact if you are unsure of your funding origin. W**e will contact your employer to confirm that you have asked them for funding and that it has been officially agreed**.

Updated 1 August 2023