

**PRE APPLICATION**

Advanced Health Assessment - Stand Alone Module

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:

Elizabeth Powell - (Module Lead) [elizabeth.powell@staffs.ac.uk](mailto:elizaebeth.powell@staffs.ac.uk)

***SECTION 1***

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

***SECTION 2***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Professional Eligibility**  **(please complete section relevant to your professional background)** | | | | |
| **Nursing and Midwifery ONLY** | | | | |
| **Are you a 1st level registered nurse/midwife/specialist community public health nurse currently on the NMC register?** | | **Yes o**  **No o** | | |
| **Please state area of practice** | |  | | |
| **\*Number of years (WTE) post qualification experience?** |  | **Number of years (WTE) in your area of clinical speciality?** | |  |
| **NMC PIN** |  | | **Expiry Date** |  |
| **Allied Health Professionals ONLY** | | | | |
| **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** | | | |
| **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 supervisor. This can be a registered health care professional who is an; ACP, Doctor (registrar level or above) or Consultant. You must arrange 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 e.g. a physiotherapist for MSK assessment, a radiographer when looking at x-ray 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 manager in support of you doing this module? If so, please add there details below. | | **Yes o No o**  **Yes o No o**  **Yes o No o**  **Yes o No o**  **Yes o No o** | |
| **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 online and am happy with the module structure. <https://www.staffs.ac.uk/course/advanced-health-assessment-2-module> | | | |
| **Signature** |  | **Date** |  |
| **Print Name** |  |