ROBERT GORDON UNIVERSITY-ABERDEEN

Application Form

Post Registration Nursing & Midwifery and paramedic practice Modules

\_\_\_\_/\_\_\_\_ Academic Session

***(PLEASE PRINT CLEARLY USING BLOCK LETTERS)***

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| |  | | --- | | **TITLE OF MODULE:**  **RETURN TO PRACTICE** | | **MODULE CODE:**  NU3900 | | **START DATE:** | | **FORENAME (S):** | | **SURNAME:** | | **DATE OF BIRTH:** | | **GENDER:** | | **TITLE:** | | |  | | --- | | **POSTAL ADDRESS:** | |  | |  | |  | | **COUNTRY:** | | **POSTCODE:** | | **TELEPHONE:** | | **MOBILE:** | | **EMAIL ADDRESS:** | |  | |
| |  | | --- | | **NEXT OF KIN DETAILS** | | **NAME:** | | **RELATIONSHIP TO YOU:** | | **ADDRESS (IF DIFFERENT):** | |  | | **POSTCODE:** | | **TELEPHONE:** | |
| |  |  | | --- | --- | | **PLEASE INDICATE TIME RESIDENT IN UNITED KINGDOM:** | | | **Years:** | **Months:** | |

# DISABILITY (Please tick the most appropriate box)

|  |  |  |
| --- | --- | --- |
| No Disability  | Mental Health Difficulty |  |
| Dyslexia  | Health Disability (e.g. Asthma, Diabetes) |  |
| Visual Impairment  | Multiple Disability |  |
| Deaf/Hearing Impairment  | Autistic Spectrum Disorder |  |
| Physical/Mobility Impairment  | Other Disability Not Listed |  |
| Social/Communication Impairment  | Not Known |  |

**PREVIOUS STUDENT (Tick box if you have studied previously with RGU/RGIT)** 

**Previous Student number (if known):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The University may, with your consent, disclose limited personal data in order to confirm your attendance, progress and assessment marks to your sponsor (where appropriate). Please note that certain sponsors or partner institutions may require us to disclose this information to them as a condition of sponsorship or enrolment.’ All information provided on this form will be used solely in terms of the University's registration. Please see the information governance policy at https://www.rgu.ac.uk/about/governance/information-governance/data-protection*

(Office use only)

MATRICULATION NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODULE:\_\_\_\_\_\_\_\_\_\_\_ DETAILS:\_\_\_\_\_\_\_\_\_\_\_ C/L:\_\_\_\_\_\_\_\_\_\_

**NATIONALITY:**

# ENGLISH LANGUAGE

The English language requirement for applicants whose first language is not English is IELTS 7 or equivalent Please submit evidence of your English language where applicable.

**Do you have any criminal convictions?**

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| **QUALIFICATION(S) COMPLETED** | | |  |  |
| Date | Awarding Institution | Subject/unit/module/degree title | Level/qualification | Result  (grade, mark, band) |
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| **UK Nursing & Midwifery Council (NMC) Pin Number:** | | |  | |
| **When did your NMC Registration lapse or is your registration still current?** | | |  | |

|  |  |  |
| --- | --- | --- |
| **Please highlight which area you wish to work in:** | **Grampian:** |  |
| **Tayside:** |  |
| **Highland:** |  |
| **Orkney:** |  |
| **Shetland:** |  |
| **Fife:** |  |
| **Lothian:** |  |
| **Borders:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYMENT INFORMATION**  Give details of any recent periods of employment | | | | |  | | | | |
| Date | Position and details of responsibilities | | | | Employer’s name and address | | | | |
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| **Please confirm that you are able to take part in a face to face/virtual interview?** | | | | | **Yes** |  | **No** | |  |
| **MODULE FUNDING**  Please indicate which route you wish to undertake. | | | | | | | | | |
| 1. Apply for NHS Education for Scotland (NES) funding to pay for the module. (Please note that you cannot apply to NES for funding until you commence the module). | | | | | | | |  | |
| 2. Applied directly to RGU and self-funding. | | | | | | | |  | |
| **Please confirm that you have read the NES Return to Practice Terms and Conditions.** | | | | | | | |  | |
| **Where did you hear about the module?** | | | |  | | | | | |
| **Protecting Vulnerable Groups – Disclosure Scotland**  It is a legal requirement of the University that we are required to do a criminal record check on you for the practice element of the course because you will undertake the practice as a student of the University rather than an employee of your organisation. Disclosure Scotland moved to the Protecting Vulnerable Groups (PVG) Scheme in March 2011. Therefore, please confirm if you are/are not already a member of this scheme. | | | | | | | | | |
| Already a member of the PVG Scheme: | |  | Not a member of the PVG Scheme: | | | | | |  |

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| **SUPPORTING STATEMENT**  Please provide a short supporting statement in the space below to support your application for the module applied for. Summarise your expertise. | | | | |
|  | | | | |
| **Eligibility to Work in the UK** | |  | |  |
| Are you an EEA or Swiss National? | |  | |  |
| Are you required to register with the Workers Registration Scheme? | |  | |  |
| Do you require sponsorship (Work Permit) to take up this post? | |  | |  |
| If you are NOT an EEA National and do NOT require sponsorship, please indicate your current immigration status: | | Status: | | Expiry Date: |
| **Finally, I declare that I am of good health and good character:** | | | | |
| **Applicant’s Signature:** |  | **Date:** |  | |

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