



Swansea University
Prifysgol Abertawe

Please select ONE of the following:

Please complete in **BLOCK CAPITALS**

• **Public Health and Specialist Community Public Health Nursing**

Health Visiting School Health Nursing

• **Community Health Studies (Specialist Practice Award)**

District Nursing Community Children's Nursing Mental Health

Grad Diploma **BSc**

Have you previously studied at Swansea University? YES/NO If yes, student number _____

PERSONAL DETAILS

Surname: _____ Forename(s): _____

Title: *Mr/Mrs/Miss/Ms/Other* Other Name (Known as): _____

Previous Surname(s)/Maiden Name: _____

Home address:		Correspondence address: dates to/from	
Post code:	Tel:	Post code:	Tel:

E-mail: _____
(Please check your inbox and junk inbox for updates)

Mobile: _____

PIN NUMBER: _____

Registration Expiry Date: _____

NMC REGISTRATION DETAILS

Part 1 – Nursing

Specialist/Branch

Part 2 – Midwifery

Part 3 – Specialist Community Public Health Nursing

Please specify specialist/branch in which you practice e.g. children's nursing, mental health nursing, school health nursing, practice nursing, ITU etc.

Date of birth: _____

Nationality: _____

Country of birth: _____

Welsh Speaking: YES/NO

PROFESSIONAL QUALIFICATIONS

PROFESSIONAL HEALTH EDUCATION QUALIFICATIONS (*Please include copies of your certificates*).
NMC Registered Professional Qualifications and year obtained

Date	Name of Qualification	Awarding Board	Level	Subject	CATS Points

ACADEMIC QUALIFICATIONS (please include copies of your certificates)

Date	Examination Board	Level e.g cert,Dip,Degree	Subject	Classification

APPROPRIATE STUDY DAYS

Title of Course	From Month/Year	To Month/Year	Qualification Obtained

EMPLOYMENT HISTORY most recent first

Name and Address of Employer	From	To	Department/Ward/Place of work and Position Held

REFERENCES

Please note below the names and addresses of two persons who would support your application
(Line Manager and an Academic Referee)

1. *Name:* _____ *Designation:* _____ *Line Manager* _____
Address: _____

email address _____

2. *Name:* _____ *Designation:* _____ *Academic Referee* _____
Address: _____

email address: _____

Please briefly describe your present job, work setting and outline your reasons for wishing to undertake this course on a separate attachment.

THE REHABILITATION OF OFFENDERS ACT

THE REHABILITATION OF OFFENCERS ACT

The educational programmes for which you are applying are exempt from Section 4(2) of the Rehabilitation of Offenders act 1974. This means that you must declare any criminal convictions/cautions even if they are spent. (Please note that a conditional discharge is a conviction).

Have you ever been convicted of any criminal offence, bound over or cautioned? Yes No

(If your answer is YES, please refer to the guidelines in the Applicants Handbook)

Protection of Children: Disclosure of criminal background of those with access to children

The terms of a Department of Health circular (Ref HC[88]9) require college authorities to check with local police forces the possible criminal background of anyone who may have substantial access to children. Refusal to give your permissions for this check could prevent further considerations of your application. If necessary, you are required to list all convictions, bind-over orders and cautions (including verbal cautions) as part of the initial recruitment procedure. Please therefore answer the question below:

Do you agree to a police check? Yes No

Failure to disclose convictions, bound-over orders and cautions could result in the termination of your course.

Disability/special needs: The University is very willing to help students with disabilities. In order to provide the best support for you we need to know about the nature of your disability. The information you provide is treated confidentially.

Insert appropriate number in box provided

- | | | | |
|---|--|---|---|
| 0 | No disabilities or not aware of any additional support/requirements in study or accommodation. | | |
| 1 | Special Learning Needs – if yes please supply a report from an Educational Psychologist | | |
| 2 | Blind/partially sighted | 3 | Deaf/hearing impaired |
| 4 | Wheelchair user/have mobility difficulties | 5 | Personal care support needed |
| 6 | Mental health difficulties | 7 | Unseen disability e.g. diabetes, epilepsy, asthma |
| 8 | Multiple disabilities/special needs | 9 | Disability not listed above |

Signature of Applicant: _____ Date: _____

I confirm that the information provided on this application form is true, complete and accurate, and that no information requested or other material information has been omitted. I understand that the University reserves the right to establish the authenticity of my application and that it reserves the right to cancel my application if it transpires that false information has been provided.

PLEASE RETURN THIS COMPLETED FORM TO:

Admissions & Enrolment, College of Human and Health Sciences, Swansea University, Singleton Park, Swansea, SA2 8PP

Where did the applicant hear about the course:

- | | | | |
|-----------------|--------------------------|------------------------------|--------------------------|
| Advert in paper | <input type="checkbox"/> | Open day | <input type="checkbox"/> |
| SHS prospectus | <input type="checkbox"/> | Poster | <input type="checkbox"/> |
| UWS prospectus | <input type="checkbox"/> | Received leaflet in the post | <input type="checkbox"/> |
| Word of mouth | <input type="checkbox"/> | Internet | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |