



Application for Admission to Continuing Professional Development

PLEASE SELECT ONE OPTION FROM EITHER SECTION A OR B

A STAND ALONE MODULE: Level 3 (Zero Credit) Level 4 Level 5 Level 6 Level 7 (M)
(Please be aware it may be possible to attach up to 40 standalone credits to an award commenced within the next academic year only)

B FULL AWARD
(Award options: Cert-Certificate / Dip-Diploma / BSc / GCert-Graduate Certificate / GDip-Graduate Diploma)

Please select only **ONE** from the following:

	Cert	Dip	BSc	GCert	GDip		Dip	Bsc	GCert	GDip
Health Care Practice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enhanced Paramedic Practice		<input type="checkbox"/>		<input type="checkbox"/>
Nursing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NABT Programme	<input type="checkbox"/>	PGCert	<input type="checkbox"/>	
Certificate in Health Care	<input type="checkbox"/>					Peri-Operative Care			<input type="checkbox"/>	
CertHE Enhanced Practice	<input type="checkbox"/>									
Enhanced Professional Practice		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>					

****When applying for a full award you MUST include copies of your previous certificates. If qualifications obtained overseas you MUST attach copies of certificates and Course Transcripts in order for your application to be assessed. YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THESE****

MODULE NAME APPLYING FOR	CODE	START DATE	VENUE

Have you previously studied at Swansea University? YES/NO Student number if known:

PERSONAL DETAILS (Please complete using BLOCK CAPITALS)

Surname/Family Name:		Previous Surname/Family Name (if applicable):		Other Names (in full):		Title:	
Home address:				Work address:			
Postcode:		Home Tel:		Postcode:		Work Tel:	
Mobile No:		Email (work):					
		Email (home):					

If possible, please provide an e-mail address that you are able to check regularly as we will use this for any correspondence

Nationality:	Country of Birth:	Date of Birth Date month year / /	Male/Female
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In order to comply with the latest guidance from the UKBA if your nationality is non-UK/non-EU please provide passport, and UK ID card or visa stating you have indefinite leave to remain/permanent residency. Without this evidence you cannot be enrolled with Swansea University.

Welsh Language Proficiency (UK Students only): Are you a fluent Welsh speaker? Yes No

Disability: The University encourages you to disclose your disability, medical condition, wellbeing difficulty or specific learning difficulty to ensure that we can advise you on the range of services and adjustments we can provide. Please tick the following box(es) as appropriate:

A	No known disability	
B	Autism/Asperger's	
C	Blind/visually impaired	
D	Hearing impaired/Deaf	
E	Unseen disability (diabetes, epilepsy, heart condition, cancer, etc.)	

F	Wellbeing difficulties (including anxiety, depression and phobias)	
G	Dyslexia	
H	Wheelchair user/mobility difficulties	
I	Other disability	
J	Multiple disabilities/complex	

QUALIFICATIONS/TRAINING

Date	Name of Qualification	Awarding Board	Level	Subject	CATS Points

Professional Body Registration:	
Number:	Registration Expiry Date:

FUNDING/SPONSORSHIP

Please tick one of the following:

<input type="checkbox"/> Self-funding <i>(The University's Finance Office will send you an invoice shortly after enrolment)</i>						
<input type="checkbox"/> Contract funded (ABMU/Hywel Dda Staff only)						
<table> <tr> <td>Fee Code:</td> <td><input type="text"/></td> <td>Approved Health Board signatory:</td> </tr> <tr> <td></td> <td></td> <td>Print Name:</td> </tr> </table> <p><i>Forms without an approved signature will be returned</i></p>	Fee Code:	<input type="text"/>	Approved Health Board signatory:			Print Name:
Fee Code:	<input type="text"/>	Approved Health Board signatory:				
		Print Name:				
<input type="checkbox"/> Other/Sponsorship Details:						
Please attach a letter from your sponsor confirming their commitment to fund you						

DECLARATION: I confirm that to the best of my knowledge the information on this form is correct. I agree to pay all fees associated with this study in the event of non-payment by the stipulated sponsor. I agree to abide by the Rules and Regulations of the University. I acknowledge that any work submitted electronically during the period of my enrolment at Swansea University may also be submitted via electronic plagiarism detection software. I understand the University is required to supply personal data to certain regulatory and statutory bodies concerned with the Higher Education sector and also supplies personal data to transact its normal business activities and to enable students to make use of services and facilities. (All information on University forms are covered by the provisions of the Data Protection Act 1998 and further details are published on the University's web pages).

Signature of Applicant:	<input type="text"/>	Date:	<input type="text"/>
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PLEASE RETURN COMPLETED FORM TO:

Student Experience Services, College of Human and Health Sciences, Swansea University, Singleton Park, Swansea, SA2 8PP. Alternatively, forms may be scanned and e-mailed to CHHSCPD@swansea.ac.uk