

Continuing Professional Development Application Form

PLEASE SELECT ONE OPTION FROM EITHER SECTION A OR B

A STAND ALONE MODULE: Zero Credit Level 4 Level 5 Level 6 Level 7(M)

B FULL AWARD:
Please select only ONE from the following

Health Care Studies	Cert HE	
Peri-operative care	Grad Cert	
Enhanced Professional Practice	Diploma	or BSc
Enhanced Paramedic Practice	BSc	

****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****

STAND ALONE MODULE NAME	MODULE CODE	START DATE	VENUE

Have you previously studied at Swansea University?

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
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If your nationality is non-UK, you may be required to meet with the compliance team to confirm your right to study. Until this check is complete, you will not be able to enrol as a student of 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	Institution	Level	Subject	CATS Points

Professional Body Registration:

Number:	Registration Expiry Date:
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FUNDING/SPONSORSHIP

Please tick one of the following:

Self-funding (You will be required to provide your bank details during the *enrolment process*)

Contract funded (SBUHB/Hywel Dda Staff only)

Fee Code: **Approved Health Board signatory:**
Print Name:
Forms without an approved signature will be returned

Other/Sponsorship Details:

Please complete the sponsorship form or attach a letter from your sponsor confirming their commitment to fund you. This should include the sponsor's name and full address, invoice contact name and email address, and PO number (if applicable)

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:

Date:

PLEASE RETURN COMPLETED FORM TO: cpd-medicinehealthlifescience@swansea.ac.uk