

MODULE APPLICATION FORM

Please download, complete and return this form. Please add your name to the saved file. Incomplete forms will be returned to you. Completed module applications forms must be sent to **both** e-mail addresses below.

eileen.munson@southwales.ac.uk | caroline.bowen@southwales.ac.uk

An electronic link will be forwarded to you in order for you to enrol at the University of South Wales, this will give you a student number. In September you will then be invited in to collect an ID card prior to commencing your course.

When you enrol, **please ensure you use your home e-mail address as a place you access e-mails regularly.** If you have any queries please e-mail or call **01443 483 064**. Please note all correspondence about enrolment will be sent via e-mail.

PERSONAL DETAILS

Course title:			
Title: (Mr, Mrs, Miss etc)		Gender: (Male/Female/Other)	
Surname:		First name:	
Middle name:		Surname at 16th birthday:	
Date of Birth:			
Home address: (including postcode)		Correspondence address: (if different to home address)	
Country of Birth:		Country of Permanent Residence:	
Nationality:			
Telephone No:	Home:	Work:	Mobile:
Email:	Home:		Work:
How will your course fees be funded? (please tick as appropriate)			
<input type="checkbox"/>	HIWS funding for GPNs	<input type="checkbox"/>	Self funded
<input type="checkbox"/>		<input type="checkbox"/>	Employer funded

QUALIFICATIONS AND EMPLOYMENT HISTORY

PIN:

YOUR PIN Expiry:

PIN information **must** be provided to enable your application to be processed.

Initial Registration Qualification

Initial Registration RGN	Institution	Grade

Previous Post Registration Training/Education (Please include any current USW course you may be completing)

Course title	Institution	From	To	Certificate/Statement

Current Employment (if part-time please indicate number of hours worked)

Employer	Grade and title	Full-time/ Part-time	Place and nature of work	From	To

ASSESSOR (MENTOR) DETAILS

You must have an experienced GP and/or ANP/ACP Practice Assessor (Mentor) to undertake this course their details and consent must be given when applying for this course.

Medical Practice Assessor (Mentor) Name:

GMC/Pin NO:

ANP/ACP Practice Assessor (Mentor) Name:

NMC Pin NO:

Practice Assessor address:

E-mail:

Telephone No(s):

OFFICE USE ONLY

Student ID No:

Date of Entry on Admissions Plus:

Entered By (Signature):

Student Enrolled: (Please tick as appropriate)

YES

NO

Initial:

Changed from COURSE to MODULE on Q+: (Please tick as appropriate)

YES

NO