

Learning Beyond Registration Undergraduate Specialist Community Public Health Nursing Application and Enrolment Form 2011-2012

This form can only be used to apply for SCPHN modules and programmes you wish to study within the academic year 2011-2012. It can only be used to apply for undergraduate modules available within the East Midlands Strategic Health Authority (EMSHA) Learning Beyond Registration (LBR) contract 2011-2012. A full list of available modules and their dates and times can be found at: www.dmu.ac.uk/lbr

Payment

You must clearly identify on page 18 who will be paying for your chosen module(s)/programme.

If the cost is to be covered by the EMSHA you will need to have this confirmed by obtaining authorisation from an EMSHA signatory. Only certain designated individuals have the authority to sanction funding. The full list of authorised signatories can be found at: <http://www.dmu.ac.uk/faculties/hls/nursingmidwifery/lbr/trusteducleads.jsp>

Failure to do this or to identify another source of payment may result in your form being returned or with you being invoiced personally for the cost of the modules.

Submitting the completed form

All sections of the combined application and enrolment form **must** be completed. The form will be returned if any section is incomplete. This will delay the processing of the form and may affect the allocation of a place. All pages of the form must be returned in numerical order and be **securely stapled**.

All applicants MUST include with this form photo copies of educational and professional qualification certificates (please see page 6).

Please remember to make a note of the modules you wish to study before you send in your application form.

New applicants only: Please also include **two** passport photographs with your name and date of birth written in capitals on the back. Secure these to your form.

Closing date for applications:

Semester 1 Friday 26th Aug 2011

Semester 2 Friday 6th Jan 2012

Semester X Friday 20th April 2012

Please return the completed form to:

LBR Administrator
Promotion and Recruitment Team
De Montfort University
Edith Murphy House, Room EM0.23
The Gateway
Leicester
LE1 9BH
Tel: 0116 257 7700

If you have any questions please contact the LBR admissions team: lbradmissions@dmu.ac.uk

The LBR admissions team will write to confirm your offer of a place.

PLEASE COMPLETE ALL THE FIELDS

Programme Code

Programme Title

Personal Details

Profession (please tick one)				Nurse				Midwife				Allied Health Professional									
NMC/HPC PIN Professional Number																					
Title		Mr				Mrs				Miss				Ms				Other (please specify)			
Surname												Forename/s									
Previous Surname														Male				Female			
Date of Birth		D		D		M		M		Y		Y		Y		Y					
Home Address																					
Postcode												Home Tel									
Mobile No												Work Tel									
Home email												Work email									

Start Date: Month						Year		Y		Y		Y		Y		Full time				Part Time			
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Have you previously studied at DMU Post Reg				Yes				No							
Have you previously studied at DMU Pre reg				Yes				No							
If yes, what is your previous student no.				P								Unique Learner No.			
<i>Office use only new student number allocated:</i>															

If you have changed your name please provide a copy of the relevant documents e.g. marriage certificate or deed of name change etc

Emergency contact

Please enter the name and number of the person to contact in an emergency. The University will inform your emergency contact if your well-being is threatened and you are unable to give instructions.

Name																			
Contact Telephone																			
Relationship to applicant																			

Type of Accommodation (please tick one)

Own home				Privately Rented						Parent/Guardian home					
Halls of Residence				Other (please specify)											

Council Tax Authority (please tick one)

Leicester				Blaby				Oadby & Wigston							
Charnwood				Harborough				Other please specify:							

Disability/Medical Conditions (please tick if applicable)

Asthma	<input type="checkbox"/>	Deaf/Hearing Impairment	<input type="checkbox"/>
Wheelchair user / mobility problems	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Dyslexia/Specific Learning Difficulties	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Blind/Partially Sighted	<input type="checkbox"/>	Personal Care Support	<input type="checkbox"/>
Mental Health Difficulties	<input type="checkbox"/>	Chronic Fatigue Syndrome	<input type="checkbox"/>
Repetitive Strain Injury	<input type="checkbox"/>	Non-Listed Disability, please state below:	
Autistic Spectrum Disorder/ Asperger's Syndrome	<input type="checkbox"/>		

Are you currently receiving disability allowance?

Yes ☐No ☐

If you need more advice about how to apply for the Disabled Student Allowance (DSA) then please contact the Disability Advice and Support on 0116 257 7595

Country of Normal Residence (please tick one)

England	<input type="checkbox"/>	Scotland	<input type="checkbox"/>	Wales	<input type="checkbox"/>	N.Ireland	<input type="checkbox"/>	Ireland	<input type="checkbox"/>
France	<input type="checkbox"/>	Spain	<input type="checkbox"/>	China	<input type="checkbox"/>	Hong Kong	<input type="checkbox"/>	Malaysia	<input type="checkbox"/>
South Africa	<input type="checkbox"/>	Zimbabwe	<input type="checkbox"/>	Nigeria	<input type="checkbox"/>	Kenya	<input type="checkbox"/>	Saudi Arabia	<input type="checkbox"/>
Germany	<input type="checkbox"/>	India	<input type="checkbox"/>	Denmark	<input type="checkbox"/>	Taiwan	<input type="checkbox"/>		<input type="checkbox"/>
Other please state									

Nationality i.e. what is on your passport (please tick one)

British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	French	<input type="checkbox"/>	German	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
Ghanaian	<input type="checkbox"/>	Dutch	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Kenyan	<input type="checkbox"/>	Nigerian	<input type="checkbox"/>
Taiwanese	<input type="checkbox"/>	Danish	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	South African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Zimbabwean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Malaysian	<input type="checkbox"/>		<input type="checkbox"/>
Other please state									

Ethnic Origin (please tick one)

Asian or Asian British – Bangladeshi	<input type="checkbox"/>	Asian or Asian British – Indian	<input type="checkbox"/>	Asian or Asian British – Pakistani	<input type="checkbox"/>
Black or Black British – African	<input type="checkbox"/>	Black or Black British – Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	Mixed – White and Black African	<input type="checkbox"/>	Mixed – White & Black Caribbean	<input type="checkbox"/>
Other Asian Background	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>	Other Ethnic Background	<input type="checkbox"/>
Other Mixed Background	<input type="checkbox"/>	Other White Background	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	White – Scottish	<input type="checkbox"/>	White – Welsh	<input type="checkbox"/>
White – English	<input type="checkbox"/>	White – Northern Irish	<input type="checkbox"/>	Information Refused	<input type="checkbox"/>
Not known	<input type="checkbox"/>	Other please state:			

Occupation

If you are under 21, please enter the occupation of your highest paid parent or guardian in A, or if you are over 21 please enter your current or previous occupation in B

A) Under 21	
B) 21 or Over	

Previous Educational Experience

Do any of your parents or guardians have any higher education (HE) qualifications i.e. degree, diploma, or certification of HE? (please tick one)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>	Information refused	<input type="checkbox"/>
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Have you ever been on a Higher Education course in the UK for 6 months or more. E.g. HNC, BA, BSc?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Where did you gain your professional registration qualification?

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Relevant Professional experience

Please give details of your relevant professional experience (most recent first) over the last 5 years.

Post Held	Type of practice area eg surgery, medicine, community etc	From (yyyy)	To (yyyy)

Where do you work now? Specific name of ward, unit department

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Full address of work place and contact telephone number and email

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Level 8		Level 3	
UK Doctorate degree (PhD)		Qualification at Level 3 of EU	
Other EU Doctorate degree		Qualification at Level 3 of non-EU	
Non-EU Doctorate degree		Diploma at Level 3	
Level 7 – previously described as level 5		Certificate at Level 3	
UK Masters degree		NVQ Level 3	
Other EU Masters degree		SVQ Level 3	
Non-EU Masters degree		GNVQ/GSVQ Level 3	
Professional qualifications at Level 7		Foundation course at FE Level	
Integrated UG/PG taught Masters degree		A-Level or AS Level (GCE and VCE)	
PG Diploma at Level 7		Advanced Higher (Scotland) (including CSYS)	
PG Certificate at Level 7		Higher (Scotland)	
PG Cert or Prof Graduate Diploma in Education		BTEC National in early years	
Other Qualification at Level 7		BTEC Nationals	
Qualification at Level 7 Architects Registration Board (Pt 2)		CACHE Level 3 Diploma in Child Care & Education	
Postgraduate credits		AAT NVQ Level 3 in Accounting	
Level 6 – previously described as level 3		International Baccalaureate (IB) Diploma	
UK Bachelors degree with honours		International Baccalaureate (IB) Certificate	
Ordinary (non-honours) first degree		Irish Leaving Certificate (Higher)	
Other EU first degree		Irish Leaving Certificate (Ordinary)	
Non-EU first degree		OCR Nationals	
Professional qualifications at Level 6		Progression Diploma	
First degree leading to QTS		Welsh Baccalaureate	
NVQ Level 6		Cambridge Pre-U Diploma	
SVQ Level 6		Professional Qualification at Level 3	
GNVQ/GSVQ Level 6		Other Qualification at Level 3	
Professional Graduate Certificate in Education		Diploma in Foundation Studies (Art & or Design and Media)	
Other Qualification at Level 6		Advanced Modern Apprenticeships	
Undergraduate credits at level 6		HE Access course, QAA recognised	
Level 5 – previously described as level 2		HE Access course, not QAA recognised	
Qualification at Level 5 of EU		Mixed Level 3 quals of which some are subject to Tariff	
Qualification at Level 5 of non-EU		Mixed Level 3 quals of which none are subject to Tariff	
Professional qualifications at Level 5		Diploma at Level Q	
Diploma of Higher Education RGN / RM		Certificate at Level Q	
Foundation degree		Level 2	
NMAH 2000 (from DMU LBR contract) RTS		NVQ Level 2	
HND (including BTEC & SQA equivalents)		SVQ Level 2	
NVQ Level 5		GCSE/O Level qualification	
SVQ Level 5		Intermediate (Scot)	
GNVQ/GSVQ Level 5		Standard Grades (Scot)	
Foundation course at HE level		Professional Qualification at Level 2	
Cert or Dip of education (i.e. initial teacher training qual)		Other Qualification at Level 2	
Level 4		Level 1	
Qualification at Level 4 of EU		NVQ Level 1	
Qualification at Level 4 of non-EU		SVQ Level 1	
Professional qualifications at Level 4 SRN		Professional Qualification at Level 1	
Certificate of Higher Education		Other Qualification at Level 1	
HNC (incl. BTEC & SQA equivalents)			
Other Qualification at Level 4			

Other Qualifications (please list ALL the qualifications you have)

Accreditation of Prior (Experiential) Learning (APEL/APL)	
Mature student admitted on basis of previous experience	
Other non-UK qualification, level not known	
Student has no formal qualification	
Not known	
Non-UK qualification not listed above, please specify:	

Qualifications gained post 16 years of age

(i.e. AS & A-levels, Scottish/Irish/Welsh equivalents, BTEC, Foundation, Key Skills, IB, Nursing)

Subject	Qual Type i.e. A level	Grade	Sitting S / W	Year

Please indicate the number of credits you studied at your highest level (please tick one):

15 credits	<input type="checkbox"/>	30 credits	<input type="checkbox"/>	60 credits	<input type="checkbox"/>	120 credits	<input type="checkbox"/>	180 credits	<input type="checkbox"/>
Other please specify:									

ALL APPLICANTS - Verification of Academic / Professional Qualifications**Criminal convictions****Please send a copy of your full enhanced CRB form which must be current, that it is within 3 years from the start date of your programme.**

All applicants **MUST** provide photocopies of their educational and professional qualifications post compulsory education (i.e. all qualifications gained since leaving school). Originals will not be accepted. These should be:

- a copy of any official University transcript(s) of education which details a course or modules undertaken and their academic credits

AND/OR

- a copy of any educational award(s) (i.e. a copy of the certificate, diploma or degree)

Please note your form will **NOT** be processed if copies of educational / professional qualifications are not included with your application form. You may need to contact the awarding body (college, university or Examination Board), if you require replacement copies. This also applies to returning students.

Minimum copies to be sent

Current NMC/HPC PIN card

Professional Qualification Certificates

Evidence of HE Diploma level 5 study or above (not required for Return to Study Module)

Previous Educational Institution including DMU if applicable

Name of Institution										
Address										
Postcode	Date left	D	D	M	M	Y	Y	Y	Y	

Workplace

Please identify your Trust or employer, e.g. University Hospitals of Leicester (please tick one)

Acute Trusts

Chesterfield Royal Hospital NHS Foundation Trust RFS		Nottingham University Hospitals Trust RX1	
Derby Hospitals NHS Foundation Trust RTG		Sherwood Forest Hospitals NHA Trust RK5	
Doncaster & Bassetlaw Hospitals NHS Foundation Trust RP5		United Lincolnshire Hospitals NHS Trust RWD	
Kettering General Hospital NHS Trust RNQ		University Hospitals of Leicester NHS Trust RWE	
Northampton General Hospital NHS Trust RNS			

Primary Care Trusts

Bassetlaw PCT 5ET		Lincolnshire PCT 5N9	
Derby City PCT 5N7		Northampton PCT 5PD	
Derbyshire County PCT 5N6		Nottinghamshire County Teaching PCT 5N8	
Leicester City PCT 5EJ		Nottingham City PCT 5EM	
Leicestershire County and Rutland PCT 5PA			

Mental Health and Learning Disability Trusts

Derbyshire Mental Health Services NHS Trust RXM		Northamptonshire Healthcare NHS Trust RP1	
Leicestershire Partnership NHS Trust RT5		Northamptonshire Healthcare NHS Trust RP1	
Lincolnshire Partnership NHS Trust RP7			

Other

East Midlands Ambulance Service NHS Trust RV6		Other NHS – please specify	
Not an NHS Employee 001			

Programme Details

Please find below a table which shows the requirements for each programme available. Find your intended award title on the left and read across to identify specific requirements for that award. Please ensure you meet these.

Please note that if you already possess a nursing degree associated with your initial professional registration you CANNOT apply to undertake a further undergraduate degree. On accumulation of 120 degree level credits, such students will be awarded a Graduate Diploma in their chosen programme. On accumulation of 60 credits, such candidates may be able to exit their programme with a Graduate Certificate.

Requirements for Programme						
Programme Title	Code	120 credits at level 4 and at least 2 years experience	120 credits at level 4 & 5 with at least 1 year experience or 30 credits at level 5 and 3 years experience	Mentor	Sign off mentor as per NMC (2008) standards	Sign off practice teacher as per NMC (2008) standards
BSc (Hons) Specialist Community Public Health Nursing in either Health Visiting or School Nursing	B71044		✓			✓
Graduate Diploma Specialist Community Public Health Nursing in either Health Visiting or School Nursing	B71044		✓			✓

If you require further information please go to the web site www.dmu.ac.uk/lbr or contact the following :

Programme code	Programme title	Contact
B70050	BSc (Hons) Specialist Community Public Health Nursing	Deborah Millington DMillington@dmu.ac.uk

LBR Adminisions Tutor Theresa Jackson tjackson@dmu.ac.uk

Programme Details

Please refer to the table on page 8 and enter the Programme you wish to study/are already studying

Programme Title									
Award Aim e.g. BSc (Hons)									
BSc		BSc Hons		Graduate Cert / Dip		Credits			

I hold current professional registration on the professional register which is valid.

The information I have given on this form is correct. I understand that any false information given on this form may invalidate any subsequent offer.

Please sign to indicate that you have met all the entry criteria:

Your Signature	Date												
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Module Details

Please enter the module(s) you wish to study:

Module Code e.g. NMAH 3352	Module Title Mentorship in clinical Health Care	Credits e.g. 15	Semester please specify the semester you wish to study in according to the module's availability					
			1		2		X	
			1		2		X	
			1		2		X	
			1		2		X	
			1		2		X	
			1		2		X	

If you wish to study NMAH 3352 Mentorship in Clinical Healthcare only please indicate when and how you wish to study.

Semester 1	10 weeks theory delivery		3 days theory delivery	
Semester 2	10 weeks theory delivery		3 days theory delivery	
Semester X	3 days theory delivery			

Data Protection Act Statement & Student Declaration

I understand that by signing this form I am agreeing to be liable for all tuition fees incurred over the duration of my programme of study, in whole or in part, and that if I fail to pay my tuition fees in a timely manner that DMU reserves the right to terminate my studies. I understand that De Montfort University reserves the right to prosecute me in order to recover any debt.

In accordance with the Data Protection Act 1998 the University requires your consent to collect and use personal information.

I agree to De Montfort University processing personal data contained in this form or other data which the University may obtain from time to time from me or other people whilst I am a student as documented in the section on Protecting Data included in my Student Handbook. I agree to the processing including sharing with partner organisations of such data for any legitimate purpose connected with my studies, including placements or my health and safety.

The Managing Information Across Partners (MIAP) programme offers a service to allocate Unique Learner Numbers (ULNs) to students. The ULN enables individuals to access a Learner Record which will offer learners the facility to access their participation and achievement data via a website and to share this with other organisations and individuals where permissions is granted.

The MIAP service will allow those organisations listed on section 537A of the Education Act to use the ULN as a key to sharing participation and achievement data in a consistent and approved manner, promoting good information management practice. All organisations that will have access to the information you provide are registered under the Data Protection Act 1998. At no time will your personal information be passed to organisations for marketing or sales purposes.

Individuals can opt out of sharing participation and achievement data with those organisations listed in section 537A of the Education Act by ticking this box.

More information about opting out or data sharing can be found at www.miap.gov.uk (FAQs) or by telephoning the MIAP Learner helpdesk on 08702 401 453.

I declare that the information contained in this form is correct and understand if I have knowingly given false information I may be excluded from De Montfort University. I agree to abide by the University's regulations. I understand that the programme for which I am enrolling is subject to availability.

Signed by Applicant		Date	D	D	M	M	Y	Y	Y	Y
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Criminal Convictions (To be completed by all applicants)

You are applying for the SCPHN professional programme, which on successful completion will be recorded with the NMC. You must declare **ANY** spent or unspent criminal convictions, including cautions, warnings and reprimands.

You must also declare any offences for which you have been charged including speeding offences.
If following your application any of the above applies you must inform the Faculty admission office immediately.

Telephone	0116 257 7700	Email	lbradmissions@dmu.ac.uk
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Please note that having a criminal conviction will not necessarily prevent you from studying at De Montfort University. For further information please view our Admissions policy <http://www.dmu.ac.uk/aboutdmu/policy/index.jsp>

Access criteria includes the submission of a full Enhanced Disclosure from the Criminal Records Bureau. This must have an effective currency of 3 years from the start date of your programme. Please attach a copy of this to your LBR application/enrolment form. Place the copy of the full enhanced CRB into a sealed envelope marked confidential and send with this form.

Your offer is conditional upon receipt of a satisfactory recent full enhanced CRB as per NMC standards. It is your responsibility to ensure that this is available prior to the commencement of your studies on this programme and must be produced at interview.

Applicants please sign and date to verify the above and complete the self declaration over leaf.

NOTES

If you are not sure whether to tell us about a previous criminal convictions, including cautions, warnings and reprimands you can obtain more advice from your local Citizens Advice Bureau or Probation Service or the national Association for the Care and Resettlement of Offenders (NACRO). You can also contact a solicitor, but you may have to pay for these services.

If you are serving a prison sentence, you must select yes. You must also give the prison address as your postal address and a Senior Prison Officer must support your application.

As the applicant below I am signing to confirm that I have had a full enhanced CRB within the last 3 years.

Applicants name in capital letters:		
Applicant to sign and date:		

Faculty of Health and Life Sciences: De Montfort University LBR Declaration Form

Applicant Version

Applicant Name:

Chosen Course of Study:

Year of Entry

You must read the recruitment of ex-offenders section within the Admissions Policy for De Montfort University (DMU) before completing this declaration form. The policy is available on the DMU website under Admissions Policy, Admissions Regulations and Guidelines – Section 5.

Health and Life Sciences courses in health, social work and courses involving work with children and/or vulnerable adults are exempt from the Rehabilitation of Offenders Act, 1974. You are therefore required to declare all criminal convictions, spent and unspent (including cautions, restorative justice, bind over, street cautions, final warnings, fixed penalty notices and reprimands), or any on-going criminal investigations or pending court cases.

Failure to disclose any relevant information will put any offers of a place at risk and will be viewed as a breach of trust by the University and Faculty. (De Montfort University, General Regulations and Procedures, Ch 1, section 3.7). The information you provide may affect your ability to:

1. Gain entry to your chosen course of study
2. Evidence fitness to practise in your chosen career

Prior to making a final decision concerning your application, we shall first review your academic performance and if required, discuss with you any information you share with us on this declaration form that we believe has a bearing on your suitability for a place on your chosen course of study. We may also need to discuss the information you disclose with any relevant professional/statutory body and placement providers.

If you have previous spent or unspent convictions / cautions/ restorative justice/ bind over/ street cautions/ reprimands/ fixed penalty notices and final warnings and any other incident, in particular when you have been required to provide personal information, even if it has resulted in no further action *, that might pose a problem with your application, then please contact Jayneeka Lad, CRB/Admissions Officer on jladd@dmu.ac.uk, as soon as possible to discuss your application.

*** Please note this list is not exhaustive**

If you require further information regarding the Criminal Records process adopted by the Faculty, please contact the CRB Administrator on the details above.

You must answer all questions. If a question is not relevant to you please write 'not applicable'.

This information will be treated in confidence and stored in accordance with the Data Protection Act, 1998.

1. Have you ever been CONVICTED, BOUND OVER, received a FIXED PENALTY NOTICE OR RESTORATIVE JUSTICE for any criminal offence in the United Kingdom or in any other country?

Yes ☐

No ☐

2. Have you ever been CAUTIONED, STREET CAUTIONED, REPRIMANDED or received a FINAL WARNING by the police for any offence in the United Kingdom or any other country?

Yes ☐

No ☐

3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet come to court?

Yes ☐

No ☐

If YES (for any of the above) please specify the corresponding question your answer relates to;

a. Please give date(s)

b. What was the charge(s)?

c. What were the circumstances regarding the charge(s)?

d. What was the outcome?

4. Are you currently under investigation for any alleged offence in the United Kingdom or in any other country?

Yes ☐ No ☐

If YES (for the above);

a. Please give date(s)

b. What are the circumstances regarding the charge(s)/investigation(s)? Who are you being investigated by?

c. What was the outcome?

The University has a duty to assess the fitness to practise of applicants to specific courses, for example Social Work, Pharmacy and Nursing. For this reason, we need to obtain information relevant to an individual's fitness to practise as a professional working with vulnerable members of the community. It is for this reason that we need to ask the following questions about previous conduct that might lead to or has led to sanction by a professional body, education institution and/or employer.

5. Are you currently or have you ever been the subject of any investigation or fitness to practise proceedings by a professional/statutory body, previous educational establishment or current or past employer in the United Kingdom or any other country?

Yes ☐ No ☐

Please provide details: reason for the investigation, the date of the investigation and the name and address of the relevant professional/statutory body;

Faculty of Health and Life Sciences: De Montfort University LBR Declaration Form

Applicant Version

DECLARATION

Applicant Name:

Chosen Course of Study:

Year of Entry:

You are required to notify De Montfort University (Academic Registrar) regarding all past and present convictions, cautions, restorative justice, bind over, street cautions and final warnings and fixed penalty notices. If you are accepted onto your chosen course of study, which is exempt from the Rehabilitation of Offenders Act 1974, you are required to notify De Montfort University of any future changes relating to your criminal record. (De Montfort University, General Regulations and Procedures Ch 1, section 3.7)

I declare that I have read the recruitment of ex-offenders section within the Admissions Policy for De Montfort University (available via the DMU website) and understand and agree to abide by the same. I can confirm that the information I have provided is a full and factual declaration and understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected or, if I have been accepted onto a course of study, my place being terminated.

I consent to the information provided in this declaration form being used by the University for the purpose of assessing my application.

I understand and consent that in exceptional circumstances, the University may be asked to disclose information on this form to a third party, for the purposes of fitness to practice matters and placement provision.

Applicant's Signature

Applicant's Name (BLOCK CAPITALS)

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Office Use Only:

Nursing and Midwifery courses only – Declaration/CRB form submitted to and checked by:

Programme Leader Name (PRINT): _____ Signature _____ Date _____

Admissions Tutor Name (PRINT): _____ Signature _____ Date _____

CRB/Admissis office (PRINT): _____ Signature _____ Date _____

Notes:

Information Reviewed by:

Faculty Admissions					
Head of School		Date		Decision and/or referral to	
Admissions Tutor/CRB Lead		Date		Decision and/or referral to	
FTP Tutor		Date		Decision and/or referral to	
Panel Lead/FTP Lead		Date		Decision and/or referral to	
Professional/Statutory Body Representative		Date		Decision and/or referral to	

Criminal Convictions (To be completed by the applicants manager)

The applicant is applying for the SCHN professional programme, which on successful completion will be recorded with the NMC. They must declare **ANY** spent or unspent criminal convictions, including cautions, warnings and reprimands.

They must also declare any offences for which they have been charged including speeding offences.

If following their application any of the above applies they must inform the Faculty admissions office immediately.

Telephone	0116 257 7700	Email	lbradmissions@dmu.ac.uk
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Please note that having a criminal conviction will not necessarily prevent them from studying at De Montfort University. For further information please view our Admissions policy <http://www.dmu.ac.uk/aboutdmu/policy/index.jsp>

Access criteria includes the submission of a full Enhanced Disclosure from the Criminal Records Bureau. This must have an effective currency of 3 years from the start date of their programme. They must attach a copy of this to their LBR application/enrolment form. They must place the copy of the full enhanced CRB into a sealed envelope marked confidential and send with this form.

This offer is conditional upon receipt of a satisfactory recent full enhanced CRB as per NMC standards. It is their responsibility to ensure that this is available prior to the commencement of their studies on this programme and must be produced at interview.

Managers please sign and date to verify the applicant below and that they have complete the self declaration over leaf.

NOTES

If an applicant is not sure whether to tell us about a previous criminal convictions, including cautions, warnings and reprimands they can obtain more advice from their local Citizens Advice Bureau or Probation Service or the national Association for the Care and Resettlement of Offenders (NACRO). They can also contact a solicitor, but they may have to pay for these services.

If the applicant is serving a prison sentence, they must select yes. They must also give the prison address as their postal address and a Senior Prison Officer must support their application.

As the line manager of the applicant below I am signing to confirm that they have had a full enhanced CRB within the last 3 years.

Applicants name in capital letters:			
Full enhanced serial number		Issue Date	
Manager to sign and date:			

OFFICE USE

The above applicants full enhanced CRB form which is within 3 years of starting their programme has been viewed and verified by:

Print name		Signature	
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Position		Date	
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The information has also been entered in the DMU database.

Managerial Support - To be completed by your line manager

"The applicant has the relevant current professional registration and, if appropriate, CRB clearance. This applicant has the appropriate experience and knowledge to undertake the identified modules(s)/programme. I support the application and will provide a professional mentor/sign off mentor/practice teacher to oversee the applicant's practice associated with the module(s)."

(PLEASE COMPLETE IN BLOCK CAPITAL DIRECT LINE MANAGER DETAILS)

Name	Address
Position	
Signature	
Trust/Practice area	Tel No
Date	

Funding – To be completed by the person authorised to provide funding for the applicant you must complete one of the following sections (in block capitals) to indicate the source of funding for your chosen modules. Failing to do this will result in the application not be processed:

Applicants funded through the East Midlands Strategic Healthcare (EMSHA)

Please pass the entire application form to the authorised EMSHA signatory for your Directorate, Trust or PCT who will complete this section and send the form to DMU.

Name	Address
Position	
Signature	
Trust/Practice area	Tel No
Date	

Applicants who are being funded by a sponsor

This section should be completed by the person/organisation body who will be meeting the cost of your modules. Please arrange for a letter confirming funding to be returned with this form.

Name	Address
Position	
Signature	
Trust/Practice area	Tel No
Date	

Applicants who are self-funding

Please confirm that you are the person to be invoiced for the cost of the modules by completing the following section.

Name	Address
Position	
Signature	
Trust/Practice area	Tel No
Date	

For UHL staff only

Deputy Director of nursing Print Name:	
Signature	Date

ALL APPLICANT CHECKLIST

Before submitting this form, please ensure all sections have been completed:

Have you answered ALL the questions?	
The LBR declaration has been signed and completed indicating yes or no and N/A where applicable.	
Both criminal conviction pages have been completed.	
You are sending your current copy of your enhanced CRB form which is within 3 years of the start of your programme.	
Have you clearly identified the programme and module you wish to study on page 9?	
Have you included copies of your educational and professional certificates as per requirements on page 6?	
Have you signed to confirm that you meet the entry requirements for your chosen Programme on page 9?	
Have you clearly identified the Modules you wish to study on page 9?	
Have you taken a copy of the completed form for your own reference?	
Copies of educational/professional certificates as per page 6 <ul style="list-style-type: none"> • Current NMC/HPC pin card • Educational/Professional qualification certificates • Evidence of HE diploma levels study (Not required for the return to study, module) 	
If your name has changed please provide a copy of the relevant documents eg marriage certificate or Deed of name change etc. As per page 2	
Have you included 2 passport sized photographs and written your name in capitals on the back with your date of birth? Only required if you are a new applicant or wish to submit a more up to date photograph for your ID card as per page 1.	