

# Learning Beyond Registration Non-Medical Prescribing Modules Combined Application and Enrolment Form 2011 - 2012

This form can only be used to apply for the non-medical prescribing modules you wish to study within the academic year 2011 - 2012 within the East Midlands Healthcare Workforce Deanery (EMHWD) 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](http://www.dmu.ac.uk/lbr)

## **Payment:**

You must clearly identify on page 13/14 who will be paying for your chosen module(s)/programme.

If the cost is to be covered by the EMHWD you will need to have this confirmed by obtaining authorisation from an EMHWD 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 dates:**

Please return the completed form for  
semester 1 modules by 9th September 2011 and for  
semester 2 modules 2nd December  
Semester X modules March 9th 2012

## **Please return the completed form to:**

LBR Administrator  
Promotion and Recruitment Team  
Edith Murphy House, Room EM0.23  
The Gateway  
Leicester  
LE1 9BH

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

Have you previously studied at DMU before Post reg	Yes		No	
Have you previously studied at DMU before Pre reg	Yes		No	
If yes, what is your previous student no.	P		Unique Learner No.	
Office use only new student number allocated:				

Start Date: Month		Year	Y	Y	Y	Y	Full time		Part Time	
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**Personal Details**

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

**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	<input type="checkbox"/>	No	<input type="checkbox"/>
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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' 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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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		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 &amp; 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		30 credits		60 credits		120 credits		180 credits	
Other please specify:									

**ALL APPLICANTS - Verification of Academic Professional Qualifications**

All applicants **MUST** provide photocopies of their educational / 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.

**Minimum copies to be sent:**

Current NMC/HPC PIN card

Professional Qualification Certificate

Evidence of HE Diploma level 5 study or above

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

**Primary Care Trusts**

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

**Mental Health and Learning Disability Trusts**

Derbyshire Mental Health Services NHS Trust <b>RXM</b>		Northamptonshire Healthcare NHS Trust <b>RP1</b>	
Leicestershire Partnership NHS Trust <b>RT5</b>		Northamptonshire Healthcare NHS Trust <b>RP1</b>	
Lincolnshire Partnership NHS Trust <b>RP7</b>			

**Other**

East Midlands Ambulance Service NHS Trust <b>RV6</b>		Other NHS – please specify	
Not an NHS Employee <b>001</b>			

**Module Preparation**

Have you previously applied for and commenced a non-medical prescribing course?

Yes		No	
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## Prescribing Programme

Please indicate which module you wish to undertake in which semester (please tick one):

Module Code		Module Title	Credits			
				Oct	Jan	April
NMAH 3400 (degree level)	B70041	Independent and Supplementary Prescribing for Nurses, Midwives and Specialist Community Public Health Nurses – <b>classroom based delivery</b>	30			
NMAH 3401 (degree level)	B70041	Independent and Supplementary Prescribing for Nurses, Midwives and Specialist Community Public Health Nurses – <b>distance learning delivery</b>	30			
NMAH 3402 (degree level)	B70041	Supplementary Prescribing for Healthcare Professionals - <b>classroom based delivery</b>	30			
MPHE 5105 (masters level)	B70091	Independent and Supplementary Prescribing for Nurses and Midwives – <b>classroom based delivery</b>	30			
MPHE 5106 (masters level)	B70091	Supplementary Prescribing for Healthcare Professionals – <b>classroom based delivery</b>	30			

## Entry Criteria

Please tick in the grid below and sign to confirm that you meet the following criteria:

I have current Professional Registration										
I have a Sign-Off Medical Mentor as per NMC (2006) Standards of Proficiency for Nursing and Midwifery Prescribers.										
I have been working for the last year in the field in which I intend to prescribe.										
I have been qualified for more than 3 years.										
Applicant's signature:		Date	D	D	M	M	Y	Y	Y	Y

To be eligible to undertake a non-medical prescribing module, you must provide written evidence in the box below as to why you feel you can study at level 6. If you are unsure if you can meet this criteria please visit FAQ in the non-medical prescribing section of the LBR DMU website

<http://www.dmu.ac.uk/faculties/hls/nursingmidwifery/lbr/ugcourses/extendedprescrib.jsp>

If you wish to study a **masters-level** module you must meet all of the above criteria plus the below.

Please tick all the statements that apply to you.

I possess an honours degree	
I possess a non-honours degree	
I possess at least 15 level 6 credits in research study. This may be with your degree or standalone module	



## Relevant Professional qualification

Professional Qualification e.g. Registered Nurse (RN)	Academic level (please tick which level)						Date Obtained					
	Certificate Level 4		Diploma Level 5		Degree Level 6		M	M	Y	Y	Y	Y
	Certificate Level 4		Diploma Level 5		Degree Level 6		M	M	Y	Y	Y	Y
	Certificate Level 4		Diploma Level 5		Degree Level 6		M	M	Y	Y	Y	Y

## Contacts

### Karen Ford

T: 0116 201 3861 E: kford01@dmu.ac.uk

### Hilary Field

T: 0116 201 3892 E: hfield@dmu.ac.uk

### Theresa Jackson

T: 0116 201 3862 E: tjackson@dmu.ac.uk

## Student Declaration

I certify that:

- The information I have given is correct. I understand that any false information given on this form may invalidate any subsequent offer.
- I am aware that the course requires 100% attendance.
- I am medically fit to undertake the course.
- I am prepared to take part in clinical sessions as either a student or subject.
- I am aware that the University shares information on progress and achievement with sponsors/trusts.
- I have appropriate numeracy skills.
- I have been assessed as competent to take a history, undertake a clinical assessment and diagnose in the area in which I intend to prescribe.
- I am prepared to accept a higher level of clinical responsibility on qualification.
- I will be able to prescribe regularly.
- I have or I am applying for an updated CRB Certificate.

**Please state how you intend to prescribe, how this will benefit patients and services:**

Signed						Date	D	D	M	M	Y	Y	Y	Y

## Section 2a (to be completed by applicant)

Are you self employed?		Yes		No	
If yes, please sign here					
Name and address of your business					
Nature of the business					

## Section 2b - General information about applicant (to be completed by line manager/employer)

								Yes	No
Is the applicant a regulated Health Care Professional eligible to undertake NMP preparation?									
Does the applicant have evidence of the ability to study at degree level? Please tick the nominees level of academic attainment:-									
MA/MSc		Degree		Diploma		Certificate			
Does the applicant have a recognised qualification/experience and ability in diagnostics and physical examination skills to enable them to apply non-medical prescribing skills to their intended area of prescribing practice?									
Does the applicant have a medical prescriber willing to supervise the student for the 12-day 'learning in practice' element of the preparation?									
Does the applicant have the commitment of their employer to enable access to a prescribing budget and made other necessary arrangements for prescribing practice on successful completion of the course?									
Will the applicant be prescribing regularly from central funding in order to provide maximum benefit to patient?									

## Section 2c - Release from practice for duration of course (38 days)

Line Manager/Employer agreement to a minimum release from practice for both taught theory and medical supervision (26 days theory equivalent and 12 days practice).									
<p>As this is a recordable qualification with a professional body, contact day attendance and recorded achievement of all theory and practice hours are mandatory (irrespective of mode of delivery). Students will be unable to record their qualification until all learning hours and assessments are achieved.</p> <p>Some students choose a blended learning approach to the programme whereby the 26 contact days are split between university attendance and distance learning. This approach improves flexibility of release time required, but does not reduce the total mandatory time needed for study by the student.</p> <p>As line manager, I confirm that the applicant has received an appraisal of their suitability to prescribe and confirm full release support, totalling a minimum of 38 days equivalent, and that the applicant will have a prescribing role on completion of the programme.</p> <p>As a line manager I confirm the following:</p> <ol style="list-style-type: none"> <li>1. The applicant has a valid registration on the professional register.</li> <li>2. The applicant is competent to take a history, undertake a clinical assessment, and diagnose within the area and field of practice they intend to prescribe.</li> <li>3. There is a clinical need within the applicant's role to justify prescribing.</li> <li>4. The applicant has sufficient prior knowledge to apply prescribing principles taught on the programme to their own area and field of practice.</li> <li>5. The applicant has appropriate numeracy skills to undertake drug calculations (to be further developed within the context of prescribing and assessed on the course).</li> <li>6. The applicant has had a CRB check within the last 3 years.</li> </ol>									
If not date applied for CRB:				D	D	M	M	Y	Y
Name									
Job Title									
Organisation									
Signed		Date	D	D	M	M	Y	Y	Y

**Section 3** (to be completed by the designated medical practitioner (DMP))**Section 3a – DMP details**

Name of DMP	
Area of practice	
Title/position	
Qualifications	
GMC registration no:	
Trust:	
Work address:	
Postcode:	
Telephone number:	
Email address:	
I agree to facilitate 12 days / 78 hours clinical practice supervision.	
Signed	<div></div> <div>Date</div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>
Official hospital / practice stamp	
<div></div>	

**Section 3b - Eligibility criteria for Designated Medical Practitioner**

Doctors must meet all the criteria below. Please tick boxes to confirm that you fit the criteria.

The doctor must be a registered medical practitioner who:

Has normally had at least 3 years recent clinical experience for a group of patients/clients in relevant field of practice.	
Is within a GP practice and is either vocationally trained or is in possession of a certificate or equivalent experience from the Joint Committee for Post-Graduate Training in General Practice (JCPTGP) or is a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer.	
Has the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice.	
Has some experience or training in teaching and / or supervising in practice.	
Normally works with the applicant. If this is not possible (such as in nurse-led services or community pharmacy), arrangements can be agreed for another doctor to take on the role of the DMP, provided the above criteria are met and the learning in practice relates to the clinical area in which the applicant will ultimately be carrying out their prescribing role.	
Is familiar with the requirements of the programme and the need for the applicant to achieve the learning outcomes.	

For more information on the role of the DMP please see training non-medical prescribers in practice – a guide to help doctors prepare for and carry out the role of designated medical practitioner: [www.npc.co.uk/non\\_medical/publications.htm](http://www.npc.co.uk/non_medical/publications.htm)

## Section 3c - Practice placement quality

Designated Medical Practitioner to please read and complete the following quality statement.

As part of the quality assurance process for practice placements and confirm your potential placement area meets statutory requirements. Please contact the relevant programme leader (see below) for advice regarding this process if required:

<ol style="list-style-type: none"><li>1. Our policies and procedures within our practice placement areas reflect health and safety legislation, employment legislation and equality of opportunity.</li><li>2. Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and equal opportunities.</li><li>3. Our staff understand and manage specific risks to students and risk assessment is carried out in practice placement areas.</li><li>4. We ensure that students have access to appropriate books, journals, educational and IT facilities, including internet access, (where practicable) where they are in placements.</li><li>5. We have mechanisms in place in placement areas to recognise early poor performance of students and for taking appropriate and prompt action.</li><li>6. We provide all students with a named practice placement supervisor for the duration of that placement, who is appropriately qualified and experienced and meets relevant Regulatory body requirements.</li><li>7. Our practice placement supervisors are aware of the students placement outcomes so that they are able to agree with the students an individual learning contract for the placement experience.</li><li>8. We provide students with scheduled appointments with their practice placement supervisors at regular intervals to discuss their progress towards meeting their learning contract.</li><li>9. We take action on evaluation/feedback information that students give us on the quality of their placements and practice placement supervision received.</li><li>10. We provide students with an orientation/induction to each practice placement.</li><li>11. Our placement areas ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning.</li><li>12. Our practice placements provide varied learning opportunities that enable students to achieve learning outcomes through observing skilled professionals deliver service and care participating, under supervision, in the delivery of treatment and care practising in an environment that respects users' rights, privacy and dignity.</li><li>13. Our staff, who act as practice placement supervisors of students, demonstrate evidence-based teaching, assessment and practice.</li><li>14. We provide learning opportunities in placements that are appropriate to the level and need of the student and provide opportunities for inter-professional working.</li><li>15. Our approach to assessment is that it is a continuous process with an adequate formative function that helps develop student abilities/intellectual skills and which leads to the judgement of achievement against agreed performance criteria.</li><li>16. We have explicit aims, values and strategies to promote inclusion and equality for all and these are reflected in our work as placement providers within an equal opportunities policy that is periodically updated.</li><li>17. We have effective measures for eliminating oppressive behaviour including all forms of harassment in our practice areas.</li><li>18. The guidance and support we offer as a placement provider are sensitive to equality of opportunity.</li></ol>										
<b>I confirm all the above standards can be met whilst the student undergoes prescribing supervision.</b>										
Signed		Date	D	D	M	M	Y	Y	Y	Y

## Exception reporting comments

Please comment here if any of the standards are at risk in the practice area.

Standard no.	Exception reporting comments

## Section 4

Section 4a – Support (to be completed by the Trust Non-Medical Prescribing Lead)

Please note: each Trust has a Non-Medical Prescribing (NMP) Lead who must support this application. Failure to have the form signed by the relevant NMP Lead will result in course fees not being paid by the EMHWD. This form must only be signed by the NMP Lead once the other sections are completed.

The list of NMP leads is available at: <http://www.dmu.ac.uk/faculties/hls/nursingmidwifery/lbr/trusteducleads.jsp>

Non-Medical Prescribing Lead												
Name (please print):												
Trust:												
Tel Number:												
Email address:												
Numeracy tool completed and passed				Yes				No				
Date completed				D	D	M	M	Y	Y	Y	Y	
I agree to support the applicant to undertake the non-medical prescribing module												
Date									Signature			

## Section 4b - Funding (to be completed by the person authorised to provide funding for the applicant)

Please complete one of the following sections (in block capitals) to indicate the source of funding for your chosen modules:

Applicants funded through the East Midlands Healthcare Workforce Deanery (EMHWD)	
Please pass the entire application form to the authorised EMHWD 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	

**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 of, 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](http://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

## ALL APPLICANT CHECKLIST

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

Have you answered ALL the questions?	
Have you clearly identified the Programme you wish to study on page 8?	
Have you included copies of your educational professional certificate as per requirements on page 6?	
Have you signed to confirm that you meet the entry requirements for your chosen Programme on page 8?	
Have you clearly identified the Modules you wish to study on page 8?	
Have you taken a copy of the completed form for your own reference?	
<b>Copies of educational/professional certificates as per page 6</b> <ul style="list-style-type: none"> <li>• Current NMC/HPC pin card</li> <li>• Professional qualification certificates</li> <li>• Evidence of HE diploma level study</li> </ul>	
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.	