**The School of Nursing and Midwifery Application Form for admission to**

Office Use

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NMC

QSIS

**BSc (HONS) IN HEALTH STUDIES**

**You must hold at least a Diploma of Higher Education or 120 CAT points at level 2 (diploma level) to undertake this course at Level 3 (degree level).**

**If you have not completed your Diploma, Degree or 120 CAT Points (level 2) at QUB you will need to attach copies of your certificates with your application form. We will not process your form until evidence is provided.**

**PLEASE COMPLETE IN BLOCK CAPITALS (BLACK INK) AND IN CONJUNCTION WITH THE GUIDANCE NOTES WHICH ACCOMPANY THE FORM.**

**Closing date for receipt of completed applications FRIDAY, 29 JULY 2016.**

**1. PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Surname** | **First names (in full as per birth certificate)** |
| **Title** | **Previous Surname(s)** |
| **Date of Birth** | **Correspondence Address** |
| **Place of Birth** |  |
| **Nationality** |  |
| **Civil/Marital Status** |  |
| **National Insurance Number** |  |
| **Email Address** (You must provide both email addresses)  **Work:**  **Personal:** | **County**  **Post Code** |
| **Contact Telephone Numbers**  **Home:**  **Work:**  **Mobile:** | **If you are, or have ever been, a student of this University,**  **Please state:**  **(1) Your first year of entry**  **(2) Your student card number**  **(3) Course attended** |

**2.** **THIRD LEVEL EDUCATION** If you have **not** completed your Diploma, Degree or 120 CAT Points (level 2) at QUB you will need to attach copies of your certificates with your application form. **We will not process your form until evidence is provided.**

|  |  |  |
| --- | --- | --- |
| **Graduate Qualification** | **Date of Award** | **Result/Grade Obtained** |
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**3. PROFFESSIONAL REGISTRATION** Please list the **correct P.I.N. Number** with all correct numbers and letters. **We will not process your form until this information is correct.**

|  |  |  |
| --- | --- | --- |
| **Date of Registration with NMC** | **Professional Registration/P.I.N Number** | **Expiry Date** |
|  |  |  |
| **Professional Qualification** | **Name of Educational Institution and / or Professional Body** | **Date of Award** |
|  |  |  |
|  |  |  |
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**4.** **EMPLOYMENT HISTORY** Please give details of your **current** post.

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| --- |
| **Current Post / Place of Work:** |
| **Clinical Practice Working Context: (**it is essential for applicants to be currently working in an area of practice relevant to the course) |

**5. PREVIOUS EMPLOYER** Please give details of your **previous** post.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Address of Employer** | **Post Held** | **Dates of Employment**  **From To** | | **Reason for Leaving** |
|  |  |  |  |  |

**6.** **LINE MANAGER** Please provide the full name, position and contact information of your current Line Manager.

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| --- | --- | --- |
| **Name** | **Position** | **Tel No.** |
| **Address**  **Postcode** | | |

**7. EMPLOYING AUTHORITY**

Note: Applicants who are suspended from their current employment or are subject to any disciplinary action will not be considered for admission on to the course until the matter has been fully resolved. Applications are open to staff who are expected to be participating fully under normal working arrangements for the duration of the course.

**EMPLOYING AUTHORITY**

PLEASE NOTE THIS IS A **SELF FUNDING** APPLICATION.

**8. DECLARATION AND SIGNATURE OF APPLICANT**

Note: Applicants who are suspended from their current employment or are subject to any disciplinary action will not be considered for admission on to the course until the matter has been fully resolved. Applications are open to staff who are expected to be participating fully under normal working arrangements for the duration of the course.

I confirm that the information given on this form is true, complete and accurate. I have read and complied with the guidance notes for completing the application form and I accept that if the relevant information is inaccurate or omitted, the University reserves the right to reject my application.

If offered a place I understand that, in accepting, I agree to abide by the rules and regulations of the University and by signing this application form I confirm my agreement to this.

**I authorise the University to approach Government Agencies, Educational Establishments, former employers and referees for verification of application details and I consent to the University processing the information in this form for administrative purposes, including consideration of my application in accordance with the provisions of the Data Protection Legislation.**

**The University works in partnership with the Health and Social Care Trusts and other Healthcare Providers to facilitate clinical placements and student details will be shared with these providers.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE:** |  | **DATE:** |  |

**PLEASE CHECK YOUR APPLICATION CAREFULLY TO ENSURE THAT ALL SECTIONS HAVE BEEN COMPLETED, OTHERWISE YOUR APPLICATION MAY NOT BE CONSIDERED.**

|  |  |
| --- | --- |
| YOU SHOULD RETURN THE COMPLETED APPLICATION FORM TO: | **Registry Department**  **The School of Nursing and Midwifery**  **The Queen’s University of Belfast**  **Medical Biology Centre**  **97 Lisburn Road**  **Belfast BT9 7BL** |

**GUIDANCE NOTES FOR COMPLETING THE**

**APPLICATION FORM**

**COMPLETE ALL SECTIONS OF THE APPLICATION FORM IN BLOCK CAPITALS (BLACK INK OR TYPE). FAILURE TO COMPLETE A SECTION OF THE APPLICATION FORM OR FAILURE TO LEGIBLY COMPLETE THE FORM WILL MEAN YOUR APPLICATION FORM WILL NOT BE PROCESSED.**

**NOTE: IT IS THE RESPONSIBILITY OF THE INDIVIDUAL APPLYING FOR THE PROGRAMME TO ENSURE THAT CORRECT POSTAGE HAS BEEN PAID WHEN SENDING THE APPLICATION BY ROYAL MAIL.**

**IF THE COURSE TITLE, LEVEL AND TRUST NAME HAVE BEEN PRE-DETERMINED AND YOU WISH TO CHANGE THIS, PLEASE REFER TO YOUR LINE MANAGER AND THE SCHOOL’S REGISTRY OFFICE. THIS MUST NOT BE CHANGED MANUALLY.**

**SECTION 1 PRACTICE PROFILE**

Please ensure that you indicate the title of your current post, place of work and the clinical practice area you are currently working in. It is essential for applicants to be working in a relevant area of practice.

**SECTION 2 PERSONAL DETAILS**

Please ensure that your first name(s) are given in full and as stated on your Birth Certificate.

The correspondence address which you provide on your application form will be the address we will use to communicate with you. If your address changes during the application process you **must notify the Registry Office in writing** immediately. The School will not be responsible for your failure to communicate this information.

Please ensure you fully complete your details if you have previously studied at Queen’s University. **Provide your first year of entry, student number and course attended.**

**SECTION 3/4 THIRD LEVEL EDUCATION / PROFESSIONAL REGISTRATION**

List details of all your third level education/professional registration in full. If you have **not** completed your Diploma, Degree or 120 CAT Points (Level 2) at QUB you will need to attach copies of your certificates (and translation to English if applicable) with your application form. **We will not process your form until evidence is provided**. Please do not send originals.

You are also required to give your Professional Identification Number (PIN), date of registration and date of expiry. Please list the correct P.I.N number with all correct numbers and letters. **We will not process your form until this information is correct.**

**SECTION 5 EMPLOYMENT HISTORY**

Please give full details of your current and most recent previous post.

**SECTION 6 LINE MANAGER**

You should provide the full name, position and contact information of your current Line Manager.

**SECTION 7 EMPLOYMENT AUTHORITY**

Please indicate the title of your employing authority. Applicants who are suspended from their current employment or are subject to any disciplinary action will not be considered for admission on to the course until the matter has been fully resolved. Applications are open to staff who are expected to be participating fully under normal working arrangements for the duration of the course.

This is a self-funding application. Please contact Finance directly for any queries regarding tuition fees. Tel: 028 9097 2767 - Website: [www.qub.ac.uk/tuitionfees](http://www.qub.ac.uk/tuitionfees)

**SECTION 8 DECLARATION AND SIGNATURE OF APPLICANT**

Read the declaration carefully before signing and dating your application form.

This section of the application form must be completed. **We will not process your form if you fail to complete this section.**

***For clarification of any information or further guidance please email*  nur.registry@qub.ac.uk**