



UNIVERSITY OF
PLYMOUTH

[Faculty of Health and Human Sciences – University of Plymouth](#)

Application Form

Intercalated BSc (Hons) Urgent and Emergency Care Degree Programme (Full Time)

For students commencing intercalation in September 2019.

Please read this form carefully before proceeding to complete **all** sections. This includes a signature to support your intercalation in the section labelled '*Medical School Support*'. Incomplete forms will be returned for completion, which may lead to a delay in the processing of your application.

Please note this programme requires you to be a **full time** student, completing the programme within one academic year.

Please check our webpages for more information, including the application deadlines:

<https://www.plymouth.ac.uk/courses/undergraduate/bsc-urgent-and-emergency-care>

Placement Preferences

Each year we negotiate placements in Emergency Departments for our intercalated students, and mentorship by colleagues who are, usually, Consultants in Emergency Medicine.

If you are successful in your initial application, you will be invited to our interview/recruitment event. At this event, you will be asked to give us your preferences from a list of **potential** placement options.

Success at interview will lead to an offer of a place on the programme which will include a provisional placement allocation.

Please note: All candidates are scored at interview based on their performance. If we receive more requests for placements in a specific Emergency Department or geographical region than we have the capacity to satisfy, placements will be allocated to those with the best scores first.

Personal Details

Surname:	Gender (please circle): Male Female Other
Forename(s):	Marital Status:
Title (Mr, Mrs, Miss, Ms etc):	Maiden Name (if applicable):
Date of Birth:	Previous Names (if applicable):
Nationality :	Domicile:

Contact Information

Home Address (inc. postcode)

.....
.....

Term Time Address (inc. postcode)

.....
.....

Home Telephone:

Term Time Telephone:

Email:

Mobile Tel Number:

Emergency Contact Details

Name:

Relationship:

Address (inc. postcode):

Telephone:

Payment Methods

By Self in Full - I will pay on the first day of enrolment via Bursary payment (Tick box if applicable):

Other payment method:

.....

.....

Note: Normally the NHS bursary will meet the costs of the taught three modules, Placement and the PHTLS course (or equivalent), as well as any APEL. All responsibility will be placed with the student should the NHS bursary not meet the costs above or not be available to the student.

For finance:	Course Fee	Raise Invoice	Cheque No.	Receipt Required	Receipt Sent

Medical School Support

Your medical school will confirm your eligibility to intercalate. Please include the details of your medical school and a key contact below

Name:

Medical School:

Role:

Address.....

Signature:

.....

Tel. No.....

.....

E-Mail.....

Postcode.....

Disclosure and Barring Service (DBS) and Occupational Health

If you are successful in your application to intercalate, you will be required to undertake an enhanced DBS and Occupational Health review **prior** to commencing your practice placement.

This is important in order for the University of Plymouth to fulfil our obligations under the Workplace Agreement, which is the contract that is drawn up between the University of Plymouth and the Trust that supports a student's placement within an Emergency Department.

Further information and guidance will be shared once you have succeeded in your application and accepted our offer to study this intercalated degree.

Professional Development & Experience

You are invited to share your professional development and experiences to date, your career aspirations/ambitions and key outcomes you want to achieve as a result of studying this intercalated degree.

Each section should have a response which is **no more than 200 words** in length.

A: Your Personal and Professional Development: Please outline below how you have developed professionally and personally since commencing your medical degree?

B: Your experience: Please share your experience of, and specific interest in Urgent and Emergency Care. This might include experiences gained through your time as a medical student (i.e. in practice placements) and/or experiences beyond the traditional medical school curricula.

C: Your career ambitions: How does this intercalated degree align to your future ambitions and career aspirations as a GMC registrant?

D: Your objectives: What are the key outcomes you want to achieve undertaking this intercalated degree?

Accreditation of Prior Learning (APL)

The accreditation of your learning as a 4th year medical student should enable you to gain 60 credits (of the 120 credits required) towards the award of the BSc (Hons) Urgent and Emergency Care. The University of Plymouth will request information from your medical school to that confirm you have passed year 4, in order to process the resulting APL claim. Previous students have accredited special study units in research and other subject areas such as clinical examination (completed as part of an ISCE or OSCE). If you have any information related to your prior learning that may be useful for this purpose, please include it below:

.....

.....

.....

.....

.....

.....

.....

.....

Monitoring of Ethnicity & Religion

Thank you for making this application. In order to ensure that we are fair and consistent in our selection and monitoring procedures and so that we can monitor how well we meet our legal requirements, it is the policy of the University to require an Application Form and a Monitoring Form to be completed wherever possible.

The University of Plymouth recognises the benefits of having a diverse community of staff and students and as such is fully committed to equal opportunities. The information you provide will be treated in accordance with the University of Plymouth's Data Protection Act Collection Notice - "Personal Information and Data Protection". It will not be taken into consideration for your application.

Tick the boxes within the fields to complete the form.

Ethnic Origin:

As a requirement of the Race Relations Amendment Act (2000) we need to know your ethnic origin for the purpose of monitoring equality of opportunity to all ethnic groups, highlighting possible inequalities and enabling the implementation of action to remove any barriers and discrimination.

Please select from the categories below - these categories are approved by the Commission for Racial Equality and the Higher Education Statistics Agency:

White:

[10]

Mixed:

- [41] White and Black Caribbean
 [42] White and Black African
 [43] White and Asian
 [49] Any other mixed background

Asian or Asian British:

- [31] Indian
 [32] Pakistani
 [33] Bangladeshi
 [39] Any other Asian background

Black or Black British:

- [21] Caribbean
 [22] African
 [29] Any other Black background

Chinese or other ethnic group:

- [34] Chinese or any other Chinese background
 [80] Other ethnic background
 [90] Not known
 [98] Do not wish to answer

Religion:

- None
 Buddhist
 Hindu
 Jewish
 Muslim
 Sikh
 Christian (inc. Church of England, Catholic, Protestant and all other Christian denominations)
 Any other religion
 Do not wish to answer

Parental Education

Do any of your parents have any higher education qualifications, such as a degree, diploma or certificate of higher education? Please circle as appropriate: Yes No Don't Know Would rather not say

Disability Monitoring

If you have a disability

The University is very supportive of students with disabilities, and year-on-year we are making adjustments to assist students with special arrangements. It may be that we have already put in place changes which will assist you - but unless we know what your needs might be, we cannot guarantee that that will be the case. If we can identify your needs sufficiently far in advance, of when you intend to start a course at the University, we are better able to put in place appropriate arrangements - or, if there is a health and safety issue or an issue about the expectations of students on the course, to advise you on alternative options. However, we may not be able to do so if we do not know in advance.

Please tell us about your disability

Please tell us about your disability, if you have one, by completing and returning the Disability Monitoring Form with your Application for Postgraduate Study. Please note that all offers are made on academic grounds.

You may be asked for additional information or invited to attend an interview with Disability Services. This is in order that we can properly assess your individual needs and ensure that we have the best possible chance of meeting them. Please do provide any information requested and come in to see staff if asked to do so, since otherwise you - and we - could find ourselves in a position in which it is difficult or even unsafe for you to take up your place.

If you choose not to tell us about your disability

You may not wish to disclose your disability at this point. However, we may not be able to meet your individual needs if we do not have the opportunity to assess them in advance, and that could impact on your experience of the course or even your ability to take up your place.

You may feel that you would prefer to speak to someone confidentially about disclosure or that you require further information to help you decide. If this is the case, please telephone +44 (0)1752 587676 or email Disability Services on das@plymouth.ac.uk

So please tell us about any disability – even if you do not think it will affect you while you are at the University – and respond positively to any requests for further details or for an information interview. If you do not do so, you may find yourself unable to take up your place or unable to complete the course because we have not been able adequately to meet your particular needs.

Please select one of the following:

- [A] No disability
- [B] You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
- [C] You are blind or have a serious hearing impairment
- [D] You are deaf or have a serious hearing impairment
- [E] You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- [F] You have a mental health condition, such as depression, schizophrenia or anxiety disorder
- [G] You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- [H] You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches
- [I] You have a disability, impairment or medical condition that is not listed above
- [J] You have two or more impairments and/or disabling medical conditions

Do you receive Disabled Students' Allowance (DSA)?

- [4] I have a disability and am in receipt of DSA
- [5] I have a disability but do not receive DSA
- [9] I have a disability but have not applied for DSA

Disability Disclosure

Please sign the appropriate box:

YES

I agree to relevant information about my disability and/or support arrangements being disclosed to those lecturing and administrative staff who have a need to know.

In the event that I do not take up a place I understand that this information will be shredded within a reasonable period.

Signature:

Date:

NO

I do not agree to disclosure about my disability and understand that this may limit the support I receive.

I agree to inform Disability Services if I reconsider this decision.

Signature:

Date:

Signature

If my application is successful, I intend to take up a place on the course indicated.

I understand that my medical school has the right to be informed of my progress and professional practice.

Signed:

Date:

When complete, please return a copy clearly marked “**Intercalated Application: Urgent and Emergency Care**” by post to:

**Professional Development Unit Admissions Team
Faculty of Health and Human Sciences
4th Floor, Rolle Building
Plymouth University
Plymouth
PL4 8AA**

You may also **e-mail** a scanned copy to: pduadmissions@plymouth.ac.uk

Thank you for your interest in our programme and for your application.