



**UNIVERSITY OF
PLYMOUTH**
Faculty of Health

**Additional Information Form
to support applications to the:**

Post Graduate Diploma in District Nursing Apprenticeship Programme.

Following the approval of your Initial Needs Assessment document by the Programme Lead, you are now required to complete this form.

Please ensure that all sections have been completed (parts of the form will need to be completed by your line manager, your Practice Assessor, and Practice Supervisor) and then upload it via the APTM system.

Details of how to access APTM will have been provided by the Apprenticeship Team.

Contact apprenticeships@plymouth.ac.uk with any queries.

The deadline for receipt of this completed document is:

Friday 26 June 2020 - 5pm

You should also complete your 'on-boarding' process via the APTM system, as directed by the Apprenticeship Team.

An email will be sent to you soon regarding the completion of this. Should you require further information, please email apprenticeships@plymouth.ac.uk

Section One - Personal Details <small>(TO BE COMPLETED BY THE APPLICANT)</small>	
Full Name	
Title <small>(MR / MRS / MISS ETC)</small>	
Maiden or previous Name(s)	
Date of Birth	
NMC Pin Number	
Email Address	
Section Two <small>(TO BE COMPLETED BY PRACTICE ASSESSOR)</small>	
Criteria to act as a Practice Assessor: <ul style="list-style-type: none"> • SPQ District Nurse recorded with NMC • I agree to undertake a yearly update relating to the role and responsibilities of the Practice Assessor in relation to this programme. 	
Full Name	
Area of Practice	
Title / Position	
Professional and Academic Qualifications	
NMC Registration Number	
Address (Work)	
Email (Work)	
I agree to provide mentorship to the named student through this programme / module	
Signed:	Date:

Section Three

(TO BE COMPLETED BY PRACTICE SUPERVISOR)

Criteria to act as a Practice Supervisor:

- I am a registered nurse with a minimum of 3 years working in the community / district nursing setting and am currently working in this setting.
- I agree to undertake a yearly update relating to the role and responsibilities of the Practice Supervisor in relation to this programme.

Full Name

Area of Practice

Title / Position

Professional and Academic Qualifications

NMC Registration Number

Address (Work)

Email (Work)

I agree to provide mentorship to the named student through this programme / module

Signed:

Date:

Section Four

(TO BE COMPLETED BY THE APPLICANT'S MANAGER)

Please sign to show you agree to the following statement:

I support this application for study at the academic level indicated and hereby confirm that the applicant has appropriate DBS and Occupational Health Clearance.

Where relevant, I will support the undertaking of a clinical placement in alternative locations in order to allow the applicant to meet the learning outcomes of the programme.

I can confirm that prior to commencing the Non-Medical Independent and Supplementary Prescribing Module, Year 2 the applicant will be supported to identify a suitable Practice Assessor (Nurse Independent and Supplementary Prescriber/ Designated Medical Practitioner for the 12 days supervision required).

Signed:

Print Name:

Title:

Contact Telephone:

Contact Email:

Date:

Section Five - Specific Entry Requirements and Applicant Declaration		
It is recommended that you have a minimum of one year's clinical experience in the community setting. Do you have the required amount of post registration clinical experience?	Yes	No
I agree to complete the pre-course material before commencing the course.	Yes	No

I can confirm that the information I have provided is true, complete and accurate.

Signed:

(APPLICANT)

Date:

Please submit this form via the APTM system, as directed by the Apprenticeship Team.

Should you require further information, please email apprenticeships@plymouth.ac.uk.