



# UNIVERSITY OF PLYMOUTH

Faculty of Health

**Professional Development Unit  
Independent and Supplementary Non-Medical Prescribing (NMP)**

**Application Form 1: To be completed by the applicant**

Please complete this form and send it to [pduadmissions@plymouth.ac.uk](mailto:pduadmissions@plymouth.ac.uk), along with Form 2, which needs to be completed by your employer and agreed Designated Prescribing Practitioner, and with the other required items of supporting documentation, such as your DBS Enhanced Disclosure Certificate.

Please note that you may be required to complete a telephone interview with an academic colleague prior to being offered a place on the Programme / Module.

**Surname:**

**Full Forename(s):**

Please inform us of your job role, and which level of study you wish to undertake. Please note that you must have an honours degree, normally a 2:2 as a minimum, to enrol on the Programme / Module at Master's level.

Nurse	Midwife	Pharmacist	Podiatrist	Paramedic
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Therapeutic Radiographer	Physiotherapist
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Degree (Level 6)	Master's (Level 7)
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(TICK AS APPLICABLE)

We are planning to offer multiple start dates in 2021. We will make every effort to offer applicants their first choice, but this may not always be possible. Please select your preference below:

Preferred start date:    September 2021                      March 2022

(IN THE EVENT THAT YOUR PREFERRED CHOICE IS UNAVAILABLE WE WILL CONTACT YOU TO OFFER AN ALTERNATIVE)

Personal Details	
Surname:	Full Forename(s):
Maiden Name:	Previous Name(s):
Title: (MR / MRS / MISS / MISS ETC)	Date of Birth:
Nationality:	Gender: Male      Female      Other (TICK AS APPLICABLE)
Country of Birth:	Do you identify as transgender:
Country of Residence:	Yes      No
SRN: (STUDENT REGISTRATION NUMBER)	Do not wish to answer
Correspondence Details	
Home Address:	Home Phone:
Town / City:	Mobile Phone:
County:	Work Phone:
Postcode:	Email (Personal):
	Email (Work):
Would you be prepared to be contacted outside of working hours to conduct your telephone interview? Please give an indication of suitable times to arrange this:	
Emergency Contact Details	
Contact Name:	Home Phone:
Relationship:	Mobile Phone:
Address: (IF DIFFERENT FROM ABOVE)	
Postcode:	
Parental Education	
Do any of your parents have any higher education qualifications such as a degree, diploma or certificate of higher education?	
Yes (TICK AS APPLICABLE)	No      I don't wish to say

### Religion and Ethnicity

In order that the University of Plymouth can meet our legal requirements to the Higher Education Statistics Agency (HESA), the University compiles statistics on the ethnicity and religious beliefs of its students. We will treat your data with respect, and in accordance with the General Data Protection Regulations (GDPR). You can find further details on how the University uses your personal details by reading our Information Governance Policies here:

<https://www.plymouth.ac.uk/students-and-family/governance/information-governance/policies>

Your ethnicity and religious beliefs will not be taken into consideration when assessing your suitability for a module.

#### Religion

Buddhist  
Hindu  
Jewish  
Muslim  
Sikh

Christian  
*(INC. CHURCH OF ENGLAND, CATHOLIC, PROTESTANT AND OTHER CHRISTIAN DENOMINATIONS)*  
Any other religion  
None  
Do not wish to answer  
*(TICK AS APPLICABLE)*

#### 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 (the categories are approved by the Commission for Racial Equality and the Higher Education Statistics Agency). Please ignore the numbers in square brackets.

White:  
[10]

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

*(TICK AS APPLICABLE)*

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:  
[34] Chinese or any other Chinese background

Other ethnic groups:  
[80] Other ethnic background  
[90] Not known  
[98] Do not wish to answer

*(TICK AS APPLICABLE)*

### Carer

Do you care unpaid, for a friend or family member, who due to illness, disability, a mental health problem or an addiction cannot cope without your support?

[01] Not a Carer  
[02] Carer

[98] Information refused  
[99] Not known

(TICK AS APPLICABLE)

### Sexual Orientation

[1] Bisexual

[2] Gay man

[3] Gay woman / Lesbian

[4] Heterosexual

[5] Other

[98] Do not wish to answer

### Work Details

Job Role:

Work Address:

Ward:

Postcode:

Department:

### Disability Status

#### If you have a disability

The University is very supportive of students with disabilities, and year-on-year we make 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. 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, 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 Student Services at [studentsevices@plymouth.ac.uk](mailto:studentsevices@plymouth.ac.uk).

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.

- [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 serious visual 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

(TICK AS APPLICABLE)

### Disability Disclosure

If indicated above that you have a disability, please sign the relevant section below:

**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 disclose about my disability and understand that this may limit the support I receive.

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

Signature:

Date:

### Student Union Membership

The University of Plymouth shares student data with the University of Plymouth Students' Union (UPSU) for the purposes of membership to the Union.

Please tick this box **if you wish** to join the University of Plymouth Students' Union and benefit from its facilities or services:

You can find out more about UPSU at the link below:

<https://www.upsu.com/about/>

### Qualifications

Professional and Academic Qualifications <small>(MOST RECENT FIRST)</small>	Course	Date Obtained	Level

It is important to be aware that one of the assessments within the course requires you to pass a numeracy examination. The pass mark is 100%. If you have concerns about your mathematical ability, this should be considered before application.

Please detail why you feel you have the required amount of post registration clinical experience as per your professional guidance. (IF IN DOUBT, PLEASE COVER AS BEST YOU CAN)

Have you previously commenced but not completed a nurse prescribing or non-medical prescribing course?	Yes	No
If yes, please give details below.		

NMC / HCPC / GPhC / PSNI Registration or PIN Number	
<b>IMPORTANT</b>	
All details requested below should be exactly as presented on your regulatory body register. Any discrepancies may delay the alteration to your registration with your regulatory body on completion of your programme of study.	
<b>Registration / PIN Number</b>	
<b>Date of first registration</b>	
<b>Regulatory body</b>	
<b>Full Name</b>	
<b>Maiden Name</b> <small>(IF APPLICABLE)</small>	
<b>Date of Birth</b>	

Student Declaration
<p>By signing this you are acknowledging:</p> <p>You feel able to make an informed decision regarding your application to undertake this programme.</p> <p>You have read the Notice on Data Protection which explains the use made by the University of your personal data (<a href="#">Information governance policies</a>).</p> <p>That the University may copy and distribute any or all of your work in any form and using third parties (who may be based outside the EU/EEA) to monitor breaches of regulations, to verify whether your work contains plagiarised material, and for quality assurance purposes.</p> <p>That the submission of this application form will be taken as acknowledgement that you have understood your obligations as an applicant and have given consent for the University to process your information and that provided by your employer in connection with your application.</p> <p>Signed:</p> <p>Date:</p>

## Payment Methods

Invoices will only be issued to employers or other sponsors if they complete the [sponsorship form](#). Please ensure that a Purchase Order number is obtained from your organisation, if they require this to be quoted in the invoice. *If for any reason your employer or sponsor does not pay the fees, you will be responsible for paying them.*

### **I intend to pay the fee myself**

Once you have been enrolled on your module(s), you will receive a confirmation email from PDU Admissions detailing the appropriate fee(s) and information on how to pay. If you are paying the tuition fee(s) yourself, please ensure payment is made before the first module start date. Further details can be found on our website at: [www.plymouth.ac.uk/study/fees/paying-your-fees](http://www.plymouth.ac.uk/study/fees/paying-your-fees)

### **My employer / sponsor will pay the fee**

### **My employer / sponsor has pre-paid the fee**

**Trust / employer**

**Education coordinator name**

If your module has been pre-paid, please pass this application form to the person who arranged the pre-payment (if in a Trust, usually the Trust Education Coordinator) for them to verify and forward it to [PDUAdmissions@plymouth.ac.uk](mailto:PDUAdmissions@plymouth.ac.uk)







# UNIVERSITY OF PLYMOUTH

Faculty of Health

## Professional Development Unit Student Tuition Fee Sponsorship Form

This form should be used where a company/ organisation wishes to confirm their commitment to pay all or part of a student's tuition fees.

**The form should be completed in full by the sponsor** and returned to:

PDU Admissions, 4<sup>th</sup> Floor, Rolle Building, University of Plymouth, Drake Circus, Plymouth, PL4 8AA, or emailed to [pduadmissions@plymouth.ac.uk](mailto:pduadmissions@plymouth.ac.uk).

### Sponsor Details

<b>Name of Company / Organisation</b>	
<b>Contact Name</b>	
<b>Address</b>	
<b>Address for invoice</b> (IF DIFFERENT FROM ABOVE)	
<b>Telephone Number</b>	
<b>Email</b>	
<b>Purchase Order Number</b> (IF APPLICABLE)	

Many NHS Trusts will not pay an invoice if a purchase order has not been raised in advance. Please ensure that you check the requirements of your organisation prior to returning this form.

### Student Details

<b>Name of Student</b>	
<b>Student Reference Number</b> (IF KNOWN)	
<b>Programme or Module(s) to be sponsored</b> (TITLE OR CODE)	

Please state the amount or percentage of the tuition fee that you wish to sponsor

£                                          or                                          %

I confirm that University of Plymouth may invoice this Company / Organisation for the tuition fee stated above.

<b>Signed</b>	
<b>Name</b>	
<b>Date</b>	

**Please note:** Payment of tuition fees remains the responsibility of the student. Any fees undertaken to be paid by a sponsor which remain unpaid will be charged to the student.

### Supplier set up information

The information provided on this document should be used by the external company/organisation (your sponsor) to register the University of Plymouth as a supplier in order to make payment of invoices.

<b>Company Name</b>	University of Plymouth
<b>VAT Number</b>	168 2878 59
<b>Charity Exemption Number</b>	XN80875
<b>Full Address</b>	University of Plymouth Drake Circus Plymouth Drake Circus PL4 8AA
<b>Email Add (Order)</b>	<a href="mailto:sponsors.studentrecords@plymouth.ac.uk">sponsors.studentrecords@plymouth.ac.uk</a>
<b>Email Add (Remit)</b>	<a href="mailto:remittance@plymouth.ac.uk">remittance@plymouth.ac.uk</a>
<b>Telephone</b>	01752 588 130
<b>Bank Details</b>	HSBC 4 Old Town Street Plymouth PL1 1DD Sort Code 40-36-22 Account No. 61485946 Account Name – University of Plymouth IBAN No. GB94HBUK40362261485946 BIC/SWIFT No. HBUKGB4B

If information not provided on this document is required for supplier set up, please contact [sponsors.studentrecords@plymouth.ac.uk](mailto:sponsors.studentrecords@plymouth.ac.uk) for assistance.