



UNIVERSITY OF PLYMOUTH

Faculty of Health

**Professional Development Unit
Return to Practice for Nursing Associates, Nurses, Midwives and Specialist Community Public Health Nurses
Application Form**

Please read this form carefully and ensure all sections have been completed prior to submission. Incomplete forms will be returned, which may lead to a delay in the processing of your application.

Please check our webpages for further information.

First Name:

Surname:

Name of Trust / Organisation you will be based with to undertake RTP Practice:

Full address of Trust / Organisation:

UNIVERSITY OF PLYMOUTH

Office use only

Student Registration Number			
Name of Trust		IT Account Requested Email	
Initial Spreadsheet Log		Confirmation	
Update Unit-E Personal Details		DBS Approved	
Update Spreadsheet		NMC Webpage Checked	
Check Debtor Flag		Self-Declaration Form	
Enrol on Unit-E		Visa / Passport Requested	
Update II Qualification		Change of Name Form	
Print Enrolment Form			

Personal Details	
Surname: Maiden Name: Title: (MR / MRS / MISS / MISS ETC) Nationality: Date of Birth:	Full Forename(s): Previous Name(s): Gender: Male Female Other (TICK AS APPLICABLE) Do you identify as transgender? Yes No Do not wish to answer
NMC / HCPC PIN Number:	
Correspondence Details	
Home Address: Town / City: County: Postcode:	Home Phone: Mobile Phone: Work Phone: Email (Personal): Email (Work):
Emergency Contact Details	
Contact Name: Relationship: Address: (IF DIFFERENT FROM ABOVE)	Home Phone: Mobile Phone: Postcode:
Parental Education	
Do any of your parents have any higher education qualifications such as a degree, diploma or certificate of higher education? Yes No I don't wish to say (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)

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)

Sexual Orientation

[1] Bisexual
[4] Heterosexual

[2] Gay man
[5] Other

[3] Gay woman / Lesbian
[98] Do not wish to answer

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)

Previous Nursing Education		
Midwifery / Nursing Education PLEASE INCLUDE ALL INITIAL REGISTRATION EDUCATION		
Educational Institution:	Dates:	Qualifications Gained:
NMC Pin:	Date(s) of initial NMC registration:	
Name as registered with NMC:	Date registration lapsed:	
Previous field of nursing / midwifery:	Date when you were last in practice:	
For nurses trained outside of the UK (EU countries only)		
Country of nurse registration:		
Date of initial registration:		
Has your application been processed by the NMC? Yes / No		
TICK AS APPLICABLE		

Student Union Membership
<p>The University of Plymouth shares student data with the University of Plymouth Students' Union (UPSU) for the purposes of membership to the Union.</p> <p>Please tick this box if you wish to join the University of Plymouth Students' Union or benefit from its facilities or services:</p> <p>You can find out more about UPSU at: https://www.upsu.com/about/</p>

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.

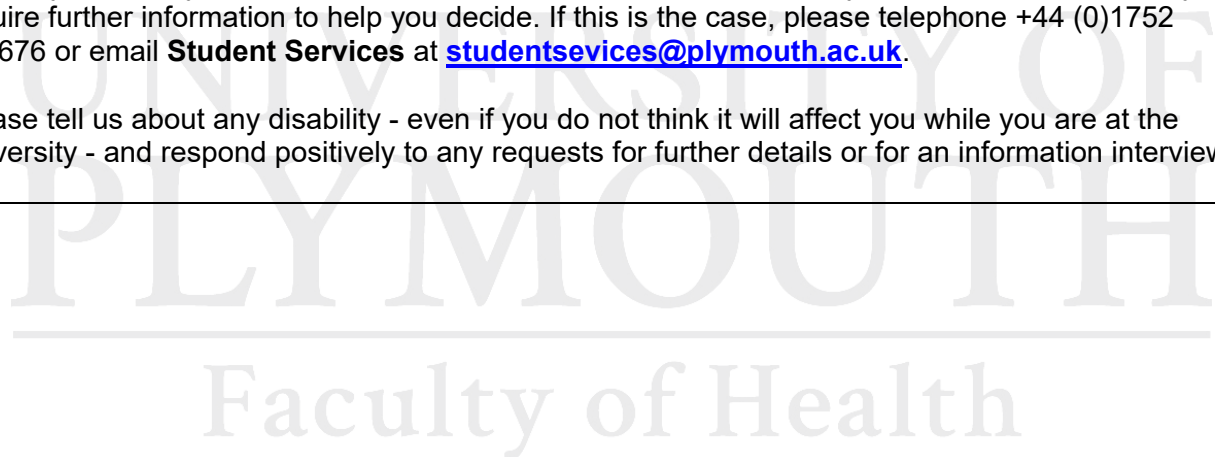
You may be asked for additional information or invited to attend an interview with Disability Services. This is in order that we can properly assess your individual needs and ensure that we have the best possible chance of meeting them. Please do provide any information requested and come in to see staff 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.

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:

Qualification Details

Some modules are only available at Master's level. To access Master's level modules applicants should have an Honours Degree (2:2 or above). Applicants who have their employers support to study a module, but do not have the relevant academic qualifications, may be asked to write a critical review to demonstrate that they are capable of proceeding to Master's level study. Acceptance onto the module will be at the discretion of the University.

Have you previously undertaken a course with us? Yes

No

(TICK AS APPLICABLE)

If **YES**, please give details of the programme or module code:

Important: You must provide the information on your highest academic qualification achieved, which should include qualifications gained at other institutions. We are required to report this information to the Higher Education Statistics Agency. This also assists with assessing your suitability for the module.

Qualification / Subject	Grade	Date Achieved	Institution

Employment History				
MOST RECENT FIRST				
Name & Address of Employer	Nature of job & job title	From	To	Full / Part Time

Applicant Declaration
PLEASE SIGN TO INDICATE YOUR AGREEMENT WITH THE FOLLOWING STATEMENT
<p>I intend to take up a place on the module indicated, confirm that I understand the criteria of entry, and meet the necessary requirements.</p> <p>I agree to undertake the assignments associated with this module.</p> <p>I understand that my sponsor has the right to be informed of the outcome of my studies.</p> <p>Signed:</p> <p>Date:</p>

Disclosure and Barring Service (DBS) and Occupational Health
<p>If you are successful at interview, your offer of a place on the module will be considered conditional until you have provided the following information:</p>

- The number of your Enhanced DBS certificate and the date this was issued.
- A completed self-disclosure form which outlines any changes to your circumstances since your DBS was completed.
- A completed 'Overseas Declaration', and, if you have lived abroad continuously for six months or more, an Overseas Police Check from that country/ those countries.
- Either a 'fit form' from Occupational Health, or a report outlining any adjustments that you may require.

If any issues arise as a result of these checks, your case will have to be reviewed by the Faculty's Professional Issues Committee, and you should be aware that one possible outcome may be a withdrawal of your offer, or your withdrawal from the module of study (should your studies have commenced by the time this process has been completed).

Please return your completed application to the Professional Development Unit Admissions team at pduadmissions@plymouth.ac.uk.



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