



# UNIVERSITY OF PLYMOUTH

Faculty of Health

**Professional Development Unit  
ADV709 Injection Therapy for Health Professionals (Corticosteroid)  
Application Additional Information**

Please ensure this is completed and returned with your **Postgraduate Application Form**. This information is needed to enable your application to be processed.

<b>Student name:</b>	
<b>Student telephone number:</b>	
<b>Student email:</b>	

<b>Manager name:</b>	
<b>Manager workplace contact number:</b>	
<b>Manager workplace address:</b>	

<b>Do you have support of your workplace to undertake this programme?</b>	<b>Yes</b>	<b>No</b>
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<b>Is your workplace funding your course fees?</b>	<b>Yes</b>	<b>No</b>
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(TICK AS APPLICABLE)

Please ask your manager to sign and date below:

**To the Manager:** by signing below you are confirming your support for the above person to undertake this programme. You are also asked to confirm by ticking the boxes below that the applicant has an up to date Disclosure and Barring (Enhanced) and Occupational Health clearance:

Up to date Disclosure and Barring (Enhanced)

Appropriate Occupational Health Clearance including Hepatitis B and C, and HIV serology

Evidence provided of professional insurance indemnity (e.g. letter or professional registration card).

**Managers Name:**

**Managers Signature:**

**Date:**