



# UNIVERSITY OF PLYMOUTH

Faculty of Health

**BSc (Hons) Critical Care (Intercalated)  
BSc (Hons) Urgent and Emergency Care (Intercalated)**

**Professional Development Unit  
Application Form - September 2021 Entry**

<b>Name:</b>	
<b>Reference:</b> (OFFICE USE ONLY)	

## Programme Selection

Please select whether you are making an application for BSc (Hons) Critical Care **OR** BSc (Hons) Urgent and Emergency Care. Please select only **one** option.

BSc (Hons) Critical Care (Intercalated)  
BSc (Hons) Urgent and Emergency Care (Intercalated)  
(TICK AS APPLICABLE)

Please read this form carefully before proceeding to complete **all** sections. You **must obtain an electronic signature** or a **letter of support** from a staff member at your medical school that indicates support for your intercalation and provide this in the Medical School Support section.

Please ensure that all sections are completed. We cannot process incomplete applications.

Please note this programme requires you to be a full time student, completing the programme within one academic year between **September 2021 and July 2022**.

By submitting this application, you confirm that you will be available to attend programme induction, commencing **September / October 2021, in Plymouth**.

Please check our **webpages** for more information and updates:

*Please note* that you are not required to state your placement preferences as part of this written application. If successfully shortlisted, you will be asked to indicate your preferred localities during the recruitment event. Your preferences will not affect your interview score or ranking. Although we endeavour to allocate all accepted students a placement that meets personal preference, capacity varies annually and this cannot be guaranteed.

This form should be completed electronically and returned as an email attachment to [pduadmissions@plymouth.ac.uk](mailto:pduadmissions@plymouth.ac.uk) before **12pm on Friday 22nd January 2021**.

Please use the email subject heading: **Intercalated Application 2021 Entry**.

Postal applications will **not** be accepted.

Personal Details	
Surname:	Gender: Male      Female      Other (TICK AS APPLICABLE)
Forename:	Maiden name: (IF APPLICABLE)
Title: (MR, MRS, MISS, MS ETC)	Previous name: (IF APPLICABLE)
Date of Birth:	Domicile:
Nationality:	
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
Contact Information	
Home Address: (INC POSTCODE)	
Term Time Address: (INC POSTCODE)	
Home Telephone:	Term Time Telephone:
Email:	Mobile Telephone:
Emergency Contact Details	
Name:	Address: (INC POSTCODE)
Relationship:	
Telephone:	

### Payment Methods

I expect to receive an NHS Bursary *or* student loan to meet the costs of my tuition fees  
(TICK AS APPLICABLE)

I expect to self-fund the costs of my tuition fees as an international student  
(TICK AS APPLICABLE)

Other payment method:

### Medical School Support

Your medical school will be required to confirm your eligibility to intercalate. Please include the details of your medical school and a key contact. This should be an individual, such as your head of year or lead for intercalation. You may include either an electronic signature or attach your letter of permission with this application.

Name of Medical School:

Contact:

Job Role:

Address:

Postcode:

Telephone Number:

Email:

Electronic Signature:  
(MEDICAL SCHOOL CONTACT)

### Year of Study

What is your current year of study for the 2020 / 21 academic year?

3<sup>rd</sup> Year  
(TICK AS APPLICABLE)

4<sup>th</sup> Year

### Pre Placement Screening

If you are successful in your application to intercalate, you will be requested to undertake the following routine screening prior to commencing your placement:

- Disclosure and Barring Service (DBS) Enhanced Criminal Records Screening.
- Occupational Health Screening.
- Fitness to practice disclosure.

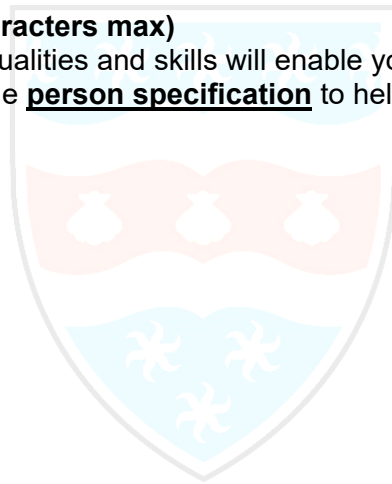
You should note that this screening is mandatory, and that it will be your responsibility to ensure completion prior to course commencement in September 2021. The University of Plymouth meets all costs for these checks.

### Professional Development and 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.

**A: Personal Attributes (1,000 characters max)**

Please outline how your personal qualities and skills will enable you to succeed as an intercalated student. You may wish to refer to the person specification to help you answer this question.



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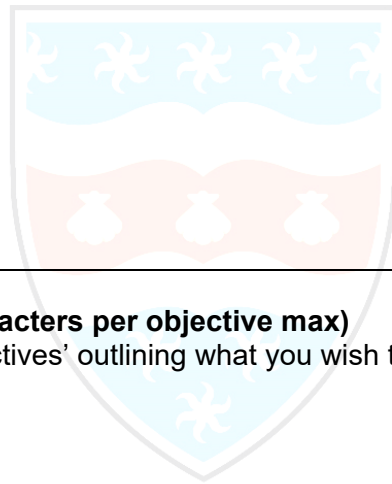
**B: Experience (650 characters max)**

Please share your experience of, and specific interest in your chosen programme (urgent and emergency care OR critical care). This may include experiences gained as a part of medical school activities and / or extra-curricular experiences.

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**C: Career Ambitions (650 characters max)**

How does this intercalated degree align to your future ambitions and career aspirations?



**D: Personal Objectives (200 characters per objective max)**

Please include three 'SMART objectives' outlining what you wish to achieve undertaking this intercalated degree.

1.

2.

3.

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**Extracurricular Activities and Achievements**

If you have you have previously, or currently participate, in extracurricular activities relevant to this application, please list them here. If you are involved in any leadership roles, please explain your specific contribution. Examples may include involvement in undergraduate societies, paid employment, or voluntary positions.

### Prizes and Awards

If you have you received any prizes or awards relevant to this application, please list them here and explain your. You may also include relevant presentations, conference posters and / or publications in this section.

### Accreditation of Prior Learning

Your prior learning as a 3<sup>rd</sup> or 4<sup>th</sup> year medical student should enable you to gain 60 credits (of the 120 credits required) towards the award of your chosen programme. By completing this application, you authorise the University of Plymouth to request information from your medical school to that confirm you have passed year 3 or year 4, in order to process the resulting APL claim. If you are successful in obtaining a place, you will also be required to submit copies of your end of year results transcripts to the PDU admissions office prior to commencement of the course.

### 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 the programme.

#### Religion

Buddhist	Christian
Hindu	(INC. CHURCH OF ENGLAND, CATHOLIC, PROTESTANT AND OTHER CHRISTIAN DENOMINATIONS)
Jewish	Any other religion
Muslim	None
Sikh	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.

<p><b>White:</b> [10]</p> <p><b>Mixed:</b> [41] White and Black Caribbean [42] White and Black African [43] White and Asian [49] Any other mixed background</p> <p>(TICK AS APPLICABLE)</p> <p><b>Asian or Asian British:</b> [31] Indian [32] Pakistani [33] Bangladeshi [39] Any other Asian background</p>	<p><b>Black or Black British:</b> [21] Caribbean [22] African [29] Any other black background</p> <p><b>Chinese:</b> [34] Chinese or any other Chinese background</p> <p><b>Other ethnic groups:</b> [80] Other ethnic background [90] Not known [98] Do not wish to answer</p> <p>(TICK AS APPLICABLE)</p>
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<b>Carer</b>	
<p>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?</p>	
<p>[01] Not a Carer [02] Carer</p>	<p>[98] Information refused [99] Not known</p>

<b>Disability Status</b>
<p><b>If you have a disability</b></p> <p>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.</p> <p>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.</p> <p><b>If you choose not to tell us about your disability</b></p>

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 [studentsevice@plymouth.ac.uk](mailto:studentsevice@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.

**Electronic 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.

**Electronic 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 or benefit from its facilities or services:

You can find out more about UPSU at: <https://www.upsu.com/about/>

### Declaration

I confirm that the information contained within this application is true to the best of my knowledge.

I confirm that if my application is successful and I accept a place on the course, I will take up the place offered to me and attend course induction week commencing **4<sup>th</sup> October 2021, in Plymouth.**

I understand that my medical school has the right to be informed of my progress and any professionalism or fitness to practice issues that arise.

**Electronic Signature:**

**Date:**



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