



**UNIVERSITY OF
PLYMOUTH**
Faculty of Health


**Professional & Generic Skills Programme 2021 - 2022
Application Form**

Please complete the form and email as an attachment to:
professionalskills@plymouth.ac.uk
For further information, please email us (as above).

Personal details		
Title:	Forename(s):	Surname:
Telephone (home):	Preferred email for contact:	
Mobile:	Alternative email address:	
Telephone (work):	Twitter username:	
Next of kin:	Next of kin phone:	
Next of kin relationship to you:		

Professional details		
Current employer:		
Employer address:		
		Postcode:
GMC Registration Number:	GDC Registration Number:	
For trainees, please state your NTN:	Estimated CCST date:	
ST grade:	Specialty:	
For SAS Doctors only: Staff Grade	Associate Specialist	Specialty Doctor
Education Supervisor:	Supervisor email:	
Deanery:	Supervisor telephone:	

Equality and diversity information

Gender		
Male	Female	Other
Ethnicity		
Your ethnicity and religious beliefs will not be taken into consideration when assessing your suitability for a module.		
<p>White: [10]</p> <p>Mixed: [41] White and Black Caribbean [42] White and Black African [43] White and Asian [49] Any other mixed background</p> <p>Asian or Asian British: [31] Indian [32] Pakistani [33] Bangladeshi [39] Any other Asian background</p>		<p>Black or Black British: [21] Caribbean [22] African [29] Any other black background</p> <p>Chinese: [34] Chinese or any other Chinese background</p> <p>Other ethnic groups: [80] Other ethnic background [90] Not known [98] Do not wish to answer</p> <p align="right">(TICK AS APPLICABLE)</p>
Disability		
<p>[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</p> <p align="right">(TICK AS APPLICABLE)</p>		
Registered on Shielded Trainees Springboard Programme:		
Yes	No	Prefer not to say

Declaration

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I understand that the decision to offer me a place rests solely with Health Education England (South West (HEE) and Plymouth University Faculty of Health and is not subject to appeal. I understand that if I am offered a place on the programme I agree to meet its requirements and my obligations as a CPD participant.

Applicant signature:

Date:

About the programme

How do you hope to benefit from attending this course?

How did you find out about this Professional and Generic Skills Programme?

Supervisor

Colleague

HESW website

Plymouth University website

All final Zoom dates and face to face dates will be issued in due course.

The Professional and Generic Skills Programme is commissioned and funded by Health Education England South West. As a contracted third party, we will disclose your personal information (name and GMC number) to Health Education England South West, for its own monitoring purposes. Further information about disclosure to Third Party providers is provided on the University's personal information and data protection web page, which can be accessed at:
<https://www.plymouth.ac.uk/student-life/your-studies/essential-information/data-protection>

Faculty of Health