



UNIVERSITY OF PLYMOUTH

Faculty of Health

Professional Development Unit FCP Workplace Support Application Additional Information

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

Module Title	Module Code	Start Date

Student name:	
Student contact number:	
Student email:	
Student record number:	

Manager name:	
Manager workplace contact number:	
Manager workplace address:	

Do you have support of your workplace to undertake this programme?	Yes	No
ADV773 The Role of the First Contact Practitioner (FCP) within Primary Care (PC)		
ADV777 First Contact Practitioner Placement		
ADV767 Advanced Clinical Reasoning in Musculoskeletal Conditions (Musculoskeletal)		
ADV782 Enhanced Professional Reasoning (Occupational Therapy)		
ADV781 Advanced Clinical Practice in Primary Care (Paramedics)		
	(TICK AS APPLICABLE)	

Is your workplace funding your course fees? If yes, please complete a sponsor form.	Yes	No
	(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 Baring (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)

Manager's Name:

Manager's Signature:

Date:



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