



**UNIVERSITY OF  
PLYMOUTH**  
Faculty of Health

**Professional Development Unit  
FCP ADV773 Applicant and Supervisor Information**

The information below is a guide to the application process for The Role of the First contact Practitioners (Musculoskeletal) with Primary Care module ADV773. The MSK FCP module has a number of additional requirements alongside submitting a Plymouth University postgraduate application form.

The MSK FCP modules align with Health Education England (HEE) FCP Roadmap (Oct 2020) and applicants will be working towards entry onto the HEE FCP Directory by completion of Stage 1 & 2 via a [taught route](#). All applicants may be interviewed before the decision to offer a place is made in order to further clarify the above.

As part of the application process you will be asked to provide additional information, along with the programme and module application forms. A list and summary of process is below. Please be aware that all offers of places will be conditional to satisfactory submission of additional information and completion of a telephone interview where appropriate.

**Module Dates for ADV773 2021 / 22:**

**Block 1:** Weds 02/02/22 & Thurs 03/02/22

**Block 2:** Weds 02/03/22 & Thurs 03/03/22

UNIVERSITY OF  
PLYMOUTH  
Faculty of Health

### Information required for ADV773

- a. Applicants CV
- b. Professional Body Registration
- c. Supervisor / Mentor Form
- d. Supervisor / Mentor CV
- e. Workplace support letter
- f. Completion certificates for the relevant eLfH modules (prior to commencement of module) PCI: eLearning - access point (personalisedcareinstitute.org.uk)
  - i. 8 Primary Care e-learning modules completed <https://www.e-lfh.org.uk/programmes/musculoskeletal-primarycare/>
  - ii. 3 Personalised care e-learning modules <https://www.personalisedcareinstitute.org.uk/mod/page/view.php?id=31>

The application will be reviewed and approved by programme lead, before an offer sent to applicant.



UNIVERSITY OF  
PLYMOUTH

---

Faculty of Health


<b>Supervisor / Mentor and Student Information</b>
--

Student name:	
Student telephone:	
Student email:	

Supervisor name:	
Supervisor telephone:	
Supervisor email:	
Supervisor postal address:	

<b>Student Information</b>
----------------------------

Current job title:	
Qualification year:	
Practice setting:	
Years of specialisation in MSK and details:	
Any information that will help your supervisor tailor your experience to your needs:	

Supervisor Information	
Current job title:	
Qualification year:	
Years of Specialization in MSK and details:	
Practice / clinical setting:	
Any information that you feel will help the student:	
Supervisor CV included	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sample Supervisors Signature	
Supervisors please sign the box below to provide a sample of the signature you will use on students report	
<b>Signature</b>	<b>Print name</b>
<p>You will ideally have just one supervisor although on rare occasions a second is necessary. If you need more than one supervisor please complete the required information below.</p> <p>Injections supervised by this mentor:</p> <p>Reason for requiring extra mentor:</p> <p>Sample signature of extra mentor:</p>	
<b>Signature</b>	<b>Print name</b>