

Registration Form for Professional Development 2011/12

CLINICAL EDUCATION



If you have studied at Edge Hill before,
please state your Student ID Number:

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1. Personal Details

Surname:		Title (<i>Dr, Mr, Mrs, Miss, Ms, etc</i>):	
First Names:		Previous Surname (<i>if applicable</i>):	
Gender:	Date of Birth:	Nationality:	
Home Address:			
Postcode:		Country of Residence:	
Home telephone:		Mobile:	
Email:			

2. Award, Pathway and Module Details

Target Award (including Pathway):	MA / Postgraduate Diploma in Clinical Education.
Initial Module Code:	
Initial Module Title:	

3. Higher Education & Professional Qualifications

Institution	Course Details	Period of Study	Qualification	Date of Award

4. Professional Experience

Dates	Organisation	Position Held

5. Personal Statement

In particular you are asked to indicate:

1. Why you are interested in the course, giving details of any experience you may have had and which you consider to have been a useful preparation for the course.
2. How you anticipate that this course will impact on your practice
3. Any special interests you might wish to pursue if accepted for the course
4. Any other relevant information.

6. Referees

NB. If returning after completing the Edge Hill/Chester/Mersey Deanery Postgraduate Certificate in Teaching and Learning in Clinical Practice, please specify a PGCTLCP tutor who knows your work well. No other reference will be required. Other applicants should provide 2 referees.

Reference 1	Reference 2
Telephone:	Telephone
Fax	Fax
Please delete as applicable: This reference is: Enclosed / Will follow	Please delete as applicable: This reference is: Enclosed / Will follow

7a. Equal Opportunities Monitoring Data – Disability (Optional)

Edge Hill University uses this information to monitor our equal opportunities and widening participation policies. This information is used solely for statistical purposes. If you prefer not to provide this information, please tick 'Decline information'.

Do you have a disability? Yes No Decline information

Are you in receipt of Student Disability Allowance? Yes No Decline information

What is the nature of your disability? _____

Please give details of any support required as a consequence of any disability or medical condition you may have:

7b. Equal Opportunities Monitoring Data – Ethnic Group (Optional)

This information is also used solely for statistical purposes. If you prefer not to provide this information, please tick 'Decline information'.

Please choose from the terms printed here the one which you feel most nearly describes your ethnic origin:

10. White

14. Irish Traveller

Black or British

21. Caribbean

22. African

29. Other

Asian or Asian British

31. Indian

32. Pakistani

33. Bangladeshi

34. Chinese

39. Other Asian background

Mixed

41. White/Black Caribbean

42. White/Black African

43. White Asian

49. Other Mixed background

80. Other Ethnic background

Decline information

8. Fees

You are advised to seek guidance from your employing authority in respect of possible assistance with fees, travel cost and necessary leave of absence.

If you are being sponsored, please note that written evidence from your sponsor is required. If this is not provided, you will be invoiced personally for the course fees.

9. Declaration



I confirm that the information given on this form is accurate and complete and no information requested or other significant information has been omitted. I understand that this information is subject to the provisions of the Data Protection Act 1998.

Signature: _____

Date: _____

Please return this form to:

Paula Hunter, Clinical Education Administrator, Edge Hill University, St Helens Road, Ormskirk, L39 4QP
E-mail clinicaleducation@edgehill.ac.uk

For office use only:

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