

Application for Admission to MSc Surgical Care Practice

Edge Hill
University

This form should be completed following the accompanying guidance notes. These guidance notes explain the necessary codes and general explanations for each section. The guidance notes also set out the terms and conditions which you must agree to for processing your application.

1 Personal Details

Surname/Family Name:	
First Name(s):	
Home Address	
Contact number(s) <i>(inc. STD/Area Code)</i>	Home:
	Mobile:
Email:	
Correspondence Address <i>(if different)</i>	
Contact number(s) <i>(inc. STD/Area Code)</i>	Home:
	Mobile:
Registering Body:	

2 Further Details

Male (M) or Female (F)			
Title: Mr/ Mrs/ Miss/ Ms/ Dr. Other: _____			
Age	Years:	Months:	
Date of birth			
	Day	Month	Year
Country of permanent residence			
Country of birth			
Nationality			
<i>If born outside of the UK:</i>			
date of first entry to the UK			
Residential category <i>(refer to guidance notes)</i>			
Registration Number:			

3 Please select the Pathway you intend to Study (please tick (✓))

Cardiothoracic Surgery		Paediatric Surgery	
General Surgery		Plastic and Reconstructive Surgery	
Gynaecology		Trauma and Orthopaedics	
Maxillofacial Surgery		Urology	
Neuro Surgery		Vascular Surgery	
Otorhinolaryngology			

4 Details of intended fee payment arrangements (please tick (✓))

i)	I will be paying my own tuition fees	Yes		No	
ii)	I will be sponsored by my employer or other organisation	Yes		No	
(iii)	Sponsor's details:				

5 Physical or other disability or medical condition which might necessitate special arrangements or facilities – please give details:

Disability Code		Are you in receipt of Disabled Students Allowance?	Yes		No	
Details						

6 Educational Background (Previous Institutions attended)	From (month & year)		To (month & year)		Full/Part-time

7 School/College qualifications (including Degree; DipHE; HND; GCSEs, A/AS Levels; BTEC ND/NC; AVCE; Access, etc)

Qualification / Level	Subject	Grade/Result	Date

8 Employment (Please indicate your employment experience including any details relevant to the course for which you are applying)

Employer	Nature of Work	Dates	
Present Employer <i>(if any)</i>			
Name		From	To
Address			
Tel. No.		Full/Part-time	
Previous Employers (continue on a separate sheet if necessary)			
Name		From	To
Address			
Tel. No.		Full/Part-time	
Name		From	To
Address			
Tel. No.		Full/Part-time	
Name		From	To
Address			
Tel. No.		Full/Part-time	

Please state here your reasons for wishing to pursue the course. Give details of any other relevant skills, such as Information Technology and Research Methods. Indicate any other achievements or experience that will support your application. It would also be helpful if you indicate in this section if you have any certified or experiential learning you may wish to bring forward for recognition against modules as part of the Faculty's Recognition of Prior (Experiential) Learning Policy

(You may wish to discuss this section with the Course Leader before completion.)

10 Name and Address of Professional Referee :

Reference from

Name

Address

Tel:

Fax:

Email:

This reference is

Enclosed

Will follow

11a Criminal Conviction Check: Nominee Self-Declaration

All prospective students should be aware that for courses in health or with children and vulnerable adults, any criminal convictions, including sentencing and cautions (including verbal cautions), reprimands, final warnings and bind-over orders are exempt from the Rehabilitation of Offenders Act 1974.

During your application the University will ask your employer to confirm you have had a satisfactory criminal convictions check or if an independent practitioner to apply for and supply a criminal convictions check. Please check with the University for their policy on this.

You may also need an “enhanced disclosure document” from the Disclosure and Barring Service, or the Scottish Criminal Records Office Disclosure Document Service. This means that if the criminal record check identifies that you have a conviction, this information will be made available to the University. Furthermore, if you are convicted of a criminal offence after you have applied, you must tell the University.

Nominee Self Declaration (enter X in the appropriate box):

I have a criminal conviction

I have not had a criminal conviction since my last criminal conviction check

I have never had a criminal conviction

Signed:..... Date:

11b Disclosure and Barring Service Check (to be completed by Line Manager)

Requirements for NMC / HCPC Registrants:

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

It is a requirement that all registrants must have an up to date DBS check i.e. within the last three years, before they commence educational preparation for the MSC in Surgical Care Practice.

Does the nominee have a DBS Check?	Yes		No	
DBS Issue Number				
Issue Date of DBS Disclosure				

I understand that the University will not undertake a DBS check and that all nominees are required to have a DBS check within the period specified above.

I can confirm that the nominee has a satisfactory DBS check obtained by their employing organisation and within the period identified above.

Signed: Date:

12 Release from Practice for duration of Course (to be completed by Line Manager/Employer)

Line Manager / Employer agreement to a minimum release from practice for taught theory and medical supervision (Full time over two years)

As this will be a recordable qualification with a professional body, contact day attendance and recorded achievement of all theory and practice hours are mandatory (irrespective of mode of delivery). Students will be unable to record their qualification until all learning hours and assessments are achieved.

As line manager, I confirm that the nominee has received an appraisal of their suitability to engage with the MSc in Surgical Care Practice.

Name (please print)	
Job Title	
Organisation	

Signed: Date:

13 To be completed by the Designated Medical Practitioner (DMP)

This section is divided into three parts: general information about the DMP, eligibility criteria and confirmation of practice placement quality.

13a Details of the Designated Medical Practitioner (DMP)

Name of DMP	
Area of Practice	
Title/Position	
Qualifications	
GMC Registration Number	
Trust	
Work Address	
Post Code	
Telephone Number	
Email Address	

I agree to facilitate full time hours clinical practice supervision for the trainee SCP

Name (please print:

Signed: Date:

Official Hospital/Practice stamp

13b Eligibility Criteria for Designated Medical Practitioners

Doctors must meet all of the criteria below. Please tick the box to confirm that you fit the criteria.

The Doctor must be a registered Medical Practitioner who:	Please tick (✓)
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Has normally had at least 3 years recent clinical experience for a group of patients/clients in the relevant field of practice	
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Is a current Fellow of the Royal College of Surgeons and is recognised by their Local Education Training Board (LETB) or the GMC as an Assigned Educational Supervisor or Clinical Supervisor.	
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Has the support of the employing organisation to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in all aspects of surgical care practice	
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As the nominee's Designated Medical Practitioner I confirm I meet the above criteria:

Signed: Date:

13c Practice Placement Quality (to be completed by DMP)

Standard Statement	Please tick (✓)
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1	Our policies and procedures within our practice placement areas reflect health and safety legislation, employment legislation and equality of opportunity	
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2	Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and equal opportunities	
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3	Our staff understand and manage specific risks to students and risk assessment is carried out in practice placement areas	
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4	We ensure that students have access to appropriate books, journals, educational and IT facilities, including internet access, (where practicable) when they are in placements	
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5	We have mechanisms in place in placement areas to recognise early poor performance of students and for taking appropriate and prompt action	
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6	We provide all students with a named practice placement supervisor for the duration of that placement, who is appropriately qualified and experienced and meets relevant Regulatory body requirements	
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7	Our practice placement supervisors are aware of the students placement outcomes so that they are able to agree with the students an individual learning contract for the placement experience	
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8	We provide students with scheduled appointments with their practice placement supervisors at regular intervals to discuss their progress towards meeting their learning contract	
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9	We take action on evaluation/feedback information that students give us on the quality of their placements and practice placement supervision received	
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10	We provide students with an orientation/induction to each practice placement	
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11	Our placement areas ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning	
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12	Our practice placements provide varied learning opportunities that enable students to achieve learning outcomes through: observing skilled professionals deliver service and care; participating, under supervision, in the delivery of treatment and care; practising in an environment that respects users' rights, privacy and dignity	
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13	Our staff, who act as practice placement supervisors of students, demonstrate evidence-based teaching, assessment and practice	
14	We provide learning opportunities in placements that are appropriate to the level and need of the student and provide opportunities for inter-professional working	
15	Our approach to assessment is that it is a continuous process with an adequate formative function that helps develop student abilities/intellectual skills and which leads to the judgement of achievement against agreed performance criteria	
16	We have explicit aims, values and strategies to promote inclusion and equality for all and these are reflected in our work as placement providers within an equal opportunities policy that is periodically updated	
17	We have effective measures for eliminating oppressive behaviour including all forms of harassment in our practice areas	
18	The guidance and support we offer as a placement provider are sensitive to equality of opportunity	

I confirm all the above standards can be met whilst the student undergoes supervision. (Please identify exceptions below.)

Signed: Date:

13d Exception Reporting Comments: Practice Placement

Please comment here if any of the standards are at risk in the Practice area

Standard Number	Exception Reporting Comments

i **Declaration:** I confirm that the information given on this form is true, complete and accurate and no information requested or other significant information has been omitted. I have read the Notes for Guidance for Completion of the Application Form. I understand what they say and agree to abide by the conditions set out there, which I accept as conditions of this application. I agree to Edge Hill holding, processing and disclosing my information for the purposes outlined in the Guidance Notes. I agree to being contacted by Edge Hill by post, telephone, fax or e-mail in connection with this application.

[] I do not want to be contacted by Edge Hill with any commercial information or details of other services or products no directly related to the Edge Hill course(s) applied for.

Signed: Date:

13. Planning Statistics

should be returned to:

Ethnic origin: (this information **will not** be made available to Admissions Tutors for selection purposes). Please choose from the ethnic origin terms printed in the Notes for Guidance the one which you feel most nearly describes your ethnic origin and write its code in the box:

**Enterprise & Partnerships Team
Faculty of Health & Social Care
Edge Hill University
St Helens Road
Ormskirk
L39 4QP
United Kingdom**

**Application Form
(MSc Surgical Care Practice)
Reference**

10. Reference :

Statement by Referee for

Name of Applicant

Date of Birth

Course Applying for:

Name of Referee

Post/ Occupation/ Relationship to Applicant

Tel: (Including STD):

Fax: (Including STD)

Email:

How long have you known the applicant and in what connection

Notes for the guidance of referees

In order to select those students who will benefit from their chosen programme of study, Edge Hill University requires a supporting statement from a referee. Applicants for professional programmes must be interviewed as an integral part of the selection process and no decision will be made until receipt of a reference. You may use separate official letterhead.

Your reference about the applicant should, if possible, cover the following:

- Suitability for the course
- Intellectual qualities including previous and present academic performance and any relevant subject experience through work/study.
- Personal characteristics including motivation, powers of analysis, communication skills, independence of thought and ability to sustain study at their chosen level.
- Career aspirations
- Health and other personal circumstances relevant to the applicant.
- Athletic, social and other interests.

