

Application for Admission to MSc Surgical Care Practice (all speciality pathways)

Notes for Guidance

General

This form should be used for MSc Surgical Care Practice, irrespective of the sub-speciality that you will be applying for.

Please read these guidelines carefully before completing the form.

You should complete the form in black ink or type, ensuring that all sections are legible.

You should sign the completed form in black or blue ink, ensuring that all sections are legible.

Section 1 Personal Details

Complete this section in BLOCK CAPITALS.

Correspondence Address: This should be an address where you may be contacted throughout the period leading up to the start of the course and only if this is different to the home address.

Please inform Edge Hill University immediately if this changes.

Section 2 Further Details

Area of Permanent Residence: enter the name of the country where your permanent home is.

Country of Birth: enter the current name of the country in which you were born.

Nationality: state your nationality as given in your passport. If you have dual nationality, you may state both.

Date of first entry to live in the UK: if you were born outside the United Kingdom, please insert the date you first entered the UK to live here permanently.

Residential category: enter one code from the table below which best describes your residential category. Please note that this self-coding is only provisional. The UK Fee Status regulations are complex and Edge Hill may require further information from you to make an accurate fee status assessment. Supporting documentation may be required.

A) You are a United Kingdom or European Union national who has always lived in the UK, EU or European Economic Area.

O) You have never lived in the United Kingdom, European Union or European Economic Area.

G) You are a UK or EU citizen who has lived outside of the European Economic Area in the last three years.

B) You (or your parents/spouse) have been recognised by the UK Government as a refugee and lived in the UK ever since.

E) You (or your parents/spouse) are currently seeking asylum in the UK and are waiting for a decision from the Home Office.

C) You (or your parents/spouse) have been granted exceptional leave to enter or remain as a result of an asylum application and have lived in the UK ever since.

F) You are not a UK/EU national but have been living in the UK for at least three years; you have permission to stay indefinitely in the UK and you did not come here as a student.

D) You (or your parent/spouse) are an EEA national who has recently come to the UK to work.

Z) none of the above

Registering Body: This is your current Registering Professional Body – e.g., HCPC, NMC. Please enter your registration number to allow us to confirm this registration.

Section 3 Course choice

Please tick the relevant sub-speciality in the list provided.

Section 4 Fee Payment

You should use this section to indicate the intended source of funding for tuition fee payment. Please ensure that at least one of the alternatives is indicated. You will be expected to provide documentary evidence of all forms of official financial support at enrolment. This will include Research Council or Government Scholarships and employer sponsorship. Alternatively, you will be expected to make satisfactory arrangements for personal payment of fees. Please note we may be required to provide details of your progress to sponsors if required.

Further help and guidance is available from the Enterprise & Partnerships Team, Faculty of Health & Social Care, Edge Hill University (01695 657249)

Section 5 Disability/Special Needs

Edge Hill is very willing to help students who apply with a learning support need. To allow us to provide the best support for you, we need to have further information on the nature of your disability and how it might affect your studies. The information you provide will not affect the judgement concerning your academic suitability for a course and will be treated confidentially.

If you have a disability or special need and may require extra support in your study, fieldwork or accommodation please enter in the box the code from the list below that is most appropriate to you. If more than one applies to you, please use code 8. If you have no needs arising from your disability or special need, e.g. you are short-sighted but your vision is corrected by spectacles, use code 0. Applicants with no disabilities or special needs should also use code 0.

Disabilities or special needs/support required

- 0) You do not have a disability or special need or are not aware of any additional support requirements in study or accommodation.
- 1) You have dyslexia.
- 2) You are blind/partially sighted.
- 3) You are deaf/hard of hearing.
- 4) You are a wheelchair user/have mobility difficulties.
- 5) You need personal care or assistance.
- 6) You have mental health difficulties.
- 7) You have an unseen disability, e.g., diabetes, epilepsy, asthma, heart condition.
- 8) You have two or more of the above disabilities/special needs.
- 9) You have a disability or special need not listed above.
- T) You have an autistic disorder

If you have used any code other than 0, use section 5 on page 2 of the form to describe your disability and indicate clearly what needs you have. If you wish to discuss your learning support needs with a member of the specialist support team before completing this section, please contact Edge Hill University Student Information Centre 01695 584554.

Section 6 Educational Background

Please provide full details of where you have studied, along with the dates of study and whether the study was undertaken on a part or full time basis.

Section 7 Qualifications

Please provide full details of all your educational qualifications, starting with the highest level and working down. In order to provide a complete picture of your academic profile, you should include all examinations taken but not achieved at the relevant level. If you are currently studying for a qualification and the results are not yet available, indicate this by writing PENDING in the grade column.

Continue on a separate sheet if necessary. If English is not your first language, you should provide evidence of your ability to study in the English language. There is a range of qualifications for English as a Second Language, as well as officially recognized Tests that can be taken. Please contact the Enterprise &

Partnerships Team for further information. You may be asked for copies of certificates and transcripts either at interview or enrolment. Please send copies of originals through the post with this application form.

Section 8 Work Experience

Please include all your work experience, training and employment, paid or unpaid, full-time or part-time. If this space is insufficient, please continue on a separate sheet.

Section 9 Further Information

This is the opportunity for you to provide the Admissions Tutor with all the additional supporting information that s/he may require. Describe any additional skills or experience that you think are relevant. Explain the reasons for applying for the course. What are your future plans? Describe your hobbies and interests. Tell us all about yourself.

Section 10 Professional Referee

Please provide contact details for a professional referee who has confirmed that they will provide a reference for you. This should be either your line manager or directorate manager. It is your responsibility to arrange this. Edge Hill University will not enter into any correspondence with your referee. Please note that this section MUST NOT be completed by your Designated Medical Practitioner. (See below)

Section 11 Criminal Convictions

Edge Hill has a duty of care and must ensure a safe environment for its staff and students. Therefore, we ask that you indicate on the application form whether you have any criminal convictions. This can exclude motoring offences for which a fine or a maximum of three penalty points were imposed. You must tick either YES or NO in the box and failure to do so will delay your application. If you tick the YES box, you will be required to provide details of any convictions.

For this course you must declare all criminal convictions, including spent sentences and cautions (including verbal cautions) and bind-over orders. You will need an 'enhanced disclosure document' from the Disbarring and Safeguarding Service. Your employer will be asked to confirm that this is current as part of the application process.

For this course, you must enter x in the box if any of the following statements apply to you.

- a) I have a criminal conviction.
- b) I have a spent conviction.
- c) I have a caution (including a verbal caution).
- d) I have a bind-over order.
- e) I am serving a prison sentence for a criminal conviction.

If statement e applies to you, you must also give the prison address as your postal address on page 1 of your application and a senior prison officer must support your application.

Applicants who enter x in the box will not be automatically excluded from the application process. However, we may wish to consider the application further or ask for more information before making a decision. If you are not sure whether to tell us about a previous conviction, you should get more advice from a UK Citizens Advice Bureau or from NACRO (National Association for the Care and Resettlement of Offenders) If you are convicted of a relevant criminal offence after you have applied, you must tell us.

Section 12 Release from Practice

Candidates must be able to be released from practice for the theoretical block weeks and study days as indicated on the 2 year timetable. The programme is full time over two years. Your line manager should sign this to confirm that arrangements for release have been made and that the candidate has undergone an appraisal to confirm their suitability to the programme.

Section 13 DMP Section – for completion by proposed mentor

This section should be completed by your Dedicated Medical Practitioner who will be confirming their support for the period during which you will be studying. This section, including the audit information at the end of the section, MUST be completed before the application will be considered

Section 14 Declaration

Before signing this form please read the following paragraphs carefully.

Any offer of a place you may receive is made on the understanding that the information provided by you is accurate and complete and that you have not omitted any mandatory information requested. By accepting the offer, you agree to abide by the rules and regulations of Edge Hill. By signing this form, you are confirming your agreement to this.

If Edge Hill University has reason to believe that you or any other person has given false information, omitted any information requested in the instructions, or the application form has made any misrepresentation therein or has omitted any material information, the Institution will take whatever steps it considers necessary to establish the accuracy and validity of this information. Edge Hill reserves the right at any stage to request that you provide further information relating to any aspect of the application form, e.g. proof of identification, academic qualifications, etc. If such further information is not provided within the time stipulated, or the information provided is subsequently found not to be accurate or complete, Edge Hill reserves the right to cancel your application and any offer of a place that may have been made. The information provided on this form will be used by Edge Hill University for the administration of your application, for your academic record and for the purposes of student and welfare services. The University reserves the right to disclose this information to outside organisations including the Police, the Home Office, Local Authorities, the Department of Works and Pensions and its agencies, Examination Boards or Awarding Bodies to prevent or detect fraud. The information supplied will also be used for research and the compilation of statistics. When used for this purpose, the data will not allow personal identification. You are agreeing that Edge Hill University may hold and use the information which you supply to it, for the purposes to which this form relates Unless you tell us that you object, you are also agreeing that the Institution may retain such information for marketing purposes and may contact you by post, telephone, email and short messaging service with details of and relating to courses and of its other products and services. If you do not want to receive this information please enter an X in the box at section 12, the Declaration, of the application form.

Section 15 Planning Statistics

Edge Hill University uses this information to monitor our equal opportunities and widening participation policies. This information is used solely for statistical purposes and is not divulged to anyone as part of the selection process. The box is covered before the application form is forwarded to the Admissions Tutor. Please choose from the ethnic origin terms printed here the one which you feel most accurately describes your ethnic origin and write its code in the boxes

White

- 11) British
- 12) Irish
- 19) Other White background

Asian or Asian British

- 31) Indian
- 32) Pakistani
- 33) Bangladeshi
- 34) Chinese
- 39) Other Asian background

Black or Black British

- 21) Caribbean
- 22) African
- 29) Other Black background

Mixed

- 41) White and Black Caribbean
- 42) White and Black African
- 43) White and Asian
- 49) Other mixed background
- 80) Other Ethnic background