| **Application form for Admission to MSc Surgical Care Practice Programme** | | **Edge****Hill****University** |
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| This form should be completed using the accompanying guidance notes.  The guidance notes explain the necessary supervision standards and there are general explanations for each section.  The guidance notes also set out the terms and conditions which you must agree to for processing your application.  Do not submit the form until all sections have been completed. | | |
| **Part 1 - Personal details (To be completed by the applicant)** | | |
| Full Name: | | |
| Contact details | Home: | |
| Mobile: | |
| Email: | |
| Date of Birth: | | |
| Registering Body and PIN: | | |

| **Part 2 - Reasons for applying for MSc SCP programme (To be completed by the applicant)** |
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| Please state here your reasons for wishing to undertake the MSc in Surgical Care Practice programme.  Give details of any other relevant skills, experience, or achievements, e.g., Research, Basic Surgical Skills course, Clinical examination module.  **\*Please note this MUST be at level 7, level 6 modules CANNOT be recognised as prior learning for level 7 modules** *(You may wish to discuss this section with the Course Leader before completion.)* |
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| **Part 3 - Disclosure and Barring Service Check (to be completed by Line Manager)** | | |
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| It is a requirement that all registrants who are applying for a programme at Edge Hill University Faculty of Health, Social Care and Medicine that all must have an up-to-date DBS check.  **This** **must be within the last three years, if it is not, a new DBS is required.**  The Disclosure and Barring Service (DBS) helps employers and higher education institutes make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.  This **must be demonstrated before the application can be processed** and a place offered on the MSc Surgical Care Practice programme.  Failure to provide this information may result in delays to admission onto the programme. | | |
| DBS Issue Number | |  |
| Issue Date of DBS Disclosure | |  |
| I understand that Edge Hill University will not undertake a DBS check and that all applicants are required to have a DBS check within 3 years of commencement of the programme.  I can confirm that the nominee has a satisfactory DBS check obtained by their employing organisation and within the period identified above. | | |
| Name of line manager  (this should not be completed by the applicant) |  | |
| Signature of line manager |  | |
| Date |  | |

| **Part 4 - Confirmation of release from MSc practice for the duration of the 3-year SCP programme (To be completed by the line manager)** | |
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| As line manager I agree to a minimum release from practice for all theory weeks (irrespective of mode of delivery), 4 hours study hours per week during practice weeks, assessment weeks and supernumerary medical supervision for the duration of the programme (Full time over three years).  I am aware that the MSc In Surgical Care Practice will be a recordable qualification and the recording of study and practice hours, annual and sick leave are mandatory.  I understand that students will be unable to record their qualification and apply for promotion until all assessments are achieved and have been verified at the Edge Hill University assessment and awards boards.  As line manager, **I confirm that the nominee has been appointed as a \*Trainee Surgical Care Practitioner** and is clinically and educationally suitable to undertake the MSc in Surgical Care Practice programme.  I agree to make the necessary arrangements to meet with the programme leader, to discuss the programme structure, arrangements for supervision, additional study hours and support required during the three-year programme.    TO ENSURE ACCURACY PLEASE TYPE THE SECTION BELOW | |
| Name of line manager |  |
| Line manger role |  |
| Trust/ Organisation |  |
| Email address |  |
| Signature |  |
| Date |  |

**\*Please attach the letter/email of appointment of the Trainee SCP, an interview will not be offered without this information.**

| **Part 5a - section should be completed by the Educational Supervisor (ES).** | | | | |
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| This section is divided into three parts:   * general information about the ES * eligibility criteria * confirmation of practice placement quality   Please read this section carefully and the attached notes before signing each page.  ***Please be aware by signing this you agreeing to a specific job plan and learning environment for the named Trainee SCP.***  TO ENSURE ACCURACY PLEASE TYPE THE SECTION BELOW | | | | |
| Name of ES | | |  | |
| Specialty | | |  | |
| Job Title | | |  | |
| Details of post graduate training and education e.g. Train the trainer or Clinical education | | |  | |
| GMC Registration Number | | |  | |
| Name of Trust/ Organisation | | |  | |
| Email Address | | |  | |
| I agree to facilitate supervision in clinical practice and will support the work-place learning and supervised learning events of the named trainee SCP for the duration of the three-year programme.  I agree to make the necessary arrangements to meet with the programme leader, to discuss the programme structure, arrangements for supervision, additional study hours and support required during the three-year programme.  I agree to complete review meetings every 12 weeks, as detailed in the accompanying supervisors handbook with the named trainee surgical care practitioner, during the 3 year programme to monitor progress. | | | | |
| Signature | |  | | |
| Date | |  | | |
| **Part 5b. Eligibility criteria for the ES (To be completed by the ES)** | | | | |
| As the ES for the applicant, you must meet all the criteria below.  Please delete as appropriate Y or N in each box | | | | |
| is a senior member of the surgical team, be appropriately trained for the role,  be familiar with the curriculum, have demonstrated an interest and ability in teaching, training, assessing and appraising. | | | | Y/N |
| is responsible for the management and educational progress of the trainee SCP  during the formal training placement or series of additional placements. | | | | Y/N |
| have the support of the employing organisation to act as the educational supervisor  who will support and ensure opportunities for the trainee SCP to develop competence  in all aspects of surgical care practice | | | | Y/N |
| has gained skills equivalent to recognised training courses (e.g., Training the Trainer course or equivalent course at a higher education institution). | | | | Y/N |
| have appropriate access to teaching resources and time for training allocated to  their job plan (approximately 0.25 programmed activities recommended per trainee  per week).  **Remuneration for this is the responsibility of the sponsoring organisation** | | | | Y/N |
| have access to the support and advice of their senior colleagues regarding any  issues related to teaching and training and must remain up to date with their own professional development. | | | | Y/N |
| As the nominee’s Educational Supervisor, I can confirm I meet the above criteria: | | | | Y/N |
| Signature |  | | | |

| **Part 5c. Quality Assurance Standards (to be completed by ES)**  **The ES is specific responsibilities:** | | |
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| 1. Provide induction to all clinical area of surgical practice. | | |
| 1. Ensure that trainee SCP understands the work-based assessments. | | |
| 1. Ensure that the trainee SCP has appropriate day-to-day supervision, this may be delegated, that is appropriate to their phase of training | | |
| 1. Provide regular help and advice to the trainee SCP to ensure that the e-portfolio is developed to support professional learning. | | |
| 1. Discuss and approve an initial learning agreement with the trainee SCP at the start of the programme and undertaking review meetings every 12 weeks for review of the learning agreement. | | |
| 1. ensuring that progress reports are completed by the nominated clinical supervisor, and that all the capabilities in practice are achieved and any changes in supervision level are explained to the trainee SCP. | | |
| 1. Ensure a record is kept in the e-portfolio of any serious incidents and inform the programme lead. | | |
| 1. Complete an annual review of the trainee SCP’s progress and communicate to the programme lead if there are significant issues that require action planning. | | |
| 1. Provide opportunities for additional learning experiences that enable students to achieve learning outcomes through observing skilled professionals deliver service and care. | | |
| 1. Ensure the trainee SCP has access to a variety of assessors, these include consultant surgeons, experienced senior SCPs or other senior healthcare professionals who are appropriately qualified and skilled in assessment and who have delegated authority from the ES. | | |
| 1. Complete and document the final end of phase assessments following discussion with the CS and line manager. | | |
| 1. Communicate regularly with the trainee SCP’s and CS who will provide formal and informal reports to the ES. This should include continuous revision of supervision levels, through detailed feedback to the trainee SCP with reference to the generic or specialty specific Capabilities in Practice. | | |
| 1. Ensures that if the trainee SCP is experiencing difficulties, that they are supported with a structured plan to correct any deficits to enable progression and communicate this to the programme lead. | | |
| 1. Complete a structured report with a recommendation on completion of training (end of phase 2) to the Progression Board. | | |
| I confirm all the above can be met whilst the trainee SCP undergoes workplace supervision for the duration of the three-year programme. (Please identify exceptions in the next section). | | |
| As the nominee’s Educational Supervisor, I will ensure the above is completed | | Y/N |
| Signature of ES |  | |

| **Part 5d. Exception Reporting Comments: Practice Placement (To be completed by the ES)**  **Please comment here if any of the standards are at risk in the Practice area** | |
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| Number | Action to address issue |
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| **Part 6 - This section should be completed by the Clinical Supervisor (CS).** | | |
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| Please read the guidance notes section carefully before completing and signing this section.  ***Please be aware by signing this you agreeing to a specific job plan and learning environment for the named Trainee SCP.***  TO ENSURE ACCURACY PLEASE TYPE THE SECTION BELOW | | |
| Name of CS |  | |
| Specialty |  | |
| Job Title |  | |
| Details of post graduate training and education e.g. Train the trainer or Clinical education |  | |
| GMC Registration Number |  | |
| Name of Trust/ Organisation |  | |
| Email Address |  | |
| I agree to be the workplace supervisor, is an appropriately trained assessor with delegated authority from a consultant surgeon. I will support the work-place learning of the named trainee SCP for the duration of the three-year programme.  I agree to complete the curriculum documentation and the assessment tools using PebblePad, and give good quality, constructive feedback to enable the trainee SCP to develop.  I agree to make the necessary arrangements to meet with the programme leader, to discuss the programme structure, arrangements for supervision, additional study hours and support required during the three-year programme.  I agree to support the review meetings every 12 weeks, with the named trainee SCP, during the programme to monitor progress. | | |
| Signature | |  |
| Date | |  |

| **Part 7 - Declaration (To be completed by the applicant)** | |
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| **Declaration:**   * + I have read the Notes for Guidance for Completion of the Application Form.   + I confirm that the information given on this form is true, complete, accurate and no information requested, or other significant information has been omitted.   + I understand and agree to abide by the conditions set out by the application process, which I accept as conditions of this application.   + I agree to Edge Hill University storing, processing and disclosing my information for the purposes outlined in the Guidance Notes.   + I agree to being contacted by Edge Hill University by post, telephone or email in connection with this application. | |
| Applicants name |  |
| Applicants signature |  |
| Date |  |

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| Once complete, this form should be uploaded as part of the online application process.For more details please contact [cpdadmissions@edgehill.ac.uk](mailto:cpdadmissions@edgehill.ac.uk) |