**Application for Admission to MSc Advanced Clinical Practice Programme**



| **1. Personal Details:** |
| --- |
| Surname/Family Name:  |
| First Name(s): |
| Home Address: |
| Contact Number Including (STD/Area Code) | Home: |
| Mobile: |
| Personal Email:  |
| Date of Birth: |
| Previous Student Number (if applicable) |
| **2.** **Current Employment:** |
| Current Employment / Role: |
| Work Address: |
| Contact Number Including (STD/Area Code) | Work Phone Number: |
| Work Email Address: |
| Registering Body / PIN Number / Expiry date: **Please attach evidence of valid DBS certificate to this application** |

# 2. Further Information

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.

| **3. Recognised Prior Learning (To be completed by applicant)** |
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| You can carry over credits from other universities / modules into this programme not exceeding 120 credits. |
| Have you studied at level 7 (MSc) previously | Yes |  | No |  |
| Name and date of module undertaken: |  |
| ***If applicable, please arrange for you transcripts to be available upon request.*** |

| **4. Release from Practice for duration of Course (To be completed by Line Manager/Employer)** |
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| Line Manager / Employer agreement to a minimum release from practice for taught theory and medical supervision. As this will be a professional qualification, contact day attendance and recorded achievement of all theory and practice hours are mandatory (irrespective of mode of delivery).**As line manager, I confirm that the nominee has received an appraisal of their suitability to engage with the MSc in Advanced Clinical Practice.** |
|  Name(please print) |  |
| Job Title |  |
| Organisation |  |
| Line Manager Signature: ……………………………………………..Date: ……………………………… |

| **5. Clinical Reference (To be completed by line manager / Employer)** |
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| Please provide a clinical reference from your direct line manager. This is to include an overview of clinical role and suitability for the ACP programme. |
| Surname/Family Name: |
| First Name(s): |
| Clinical Role/ Responsibility:  |
| Reference: |
| Contact Number Including (STD/Area Code | Work Email Address: |
| Work Telephone Number: |
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| **6. To be completed by the Clinical Supervisor:** |
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| The ACP requires clinical supervision from the entirety of the programme. This must be ether:* Consultant
* Registrar
* Qualified ACP with 2 years post registration experience.

 Please provide the details of your clinical supervisor below. |

| **6a. Details of the Clinical Supervisor:** |
| --- |
| Name  |  |
| Area of Practice |  |
| Title/Position |  |
| Qualifications |  |
| GMC/ NMC/ HCPC/ OTHER Registration Number  |  |
| Trust |  |
| Work Address |  |
| Post Code |  |
| Telephone Number |  |
| Work Email Address |  |
|  I agree to facilitate full time hours clinical practice supervision for the trainee ACP Name (please print: …………………………………………... Signed: …………………………………………………Date: ……………………………………………………**Official Hospital/Practice stamp** |

| **6b.** | **Practice Placement Quality: (To be completed by Clinical Supervisor)** |  |
| --- | --- | --- |
| Standard Statement: | Please tick () |
| 1 | Our policies and procedures within our practice placement areas reflect health and safety legislation, employment legislation and equality of opportunity |  |
| 2 | Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and equal opportunities |  |
| 3 | Our staff understand and manage specific risks to students and risk assessment is carried out in practice placement areas |  |
| 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 |  |
| 5 | We have mechanisms in place to recognise early poor performance of students and for taking appropriate and prompt action |  |
| 6 | We provide all students with a named practice supervisor for the duration of that programme, who is appropriately qualified and experienced and meets relevant Regulatory body requirements |  |
| 7 | Our practice supervisors are aware of the students programme outcomes so that they are able to agree with the students an individual learning contract  |  |
| 8 | We provide students with protected time with their practice placement supervisors at regular intervals to discuss their progress towards meeting their learning outcomes. |  |
| 10 | We provide students with an orientation/induction to each practice areas if needed |  |
| 11 | Our practice areas ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning |  |
| 12 | Our practice areas 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 |  |
| 13 | Our staff, who act as practice 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. Clinical Supervisor Signature: ……………………………………………..Date: ……………………… |
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| **7. Declaration (To be signed by applicant)** |
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|  **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 agree to Edge Hill holding, processing and disclosing my information. 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.Applicant Signature: …………………………………………………Date: ……………………………… |

| **8. Please forward this form to ether below:** |
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|  **CPD Admissions,**  **Student Administration**  **Edge Hill University** **St Helens Road** **Ormskirk** **Lancashire** **L39 4QP** | **Or by e-mail to:** **cpdrecords@edgehill.ac.uk** |
| ***What happens next:***Your application form will be reviewed by the programme lead. If you meet the entry criteria you will be invitedfor an informal interview. The aim of this is to explore the contents of the application in more detail.Please note that spaces are limited and that and an invitation to interview does not guaranteed a place onthe next intake. |

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