| Application for Admission to MSc Surgical Care Practice Programme | | A close-up of a sign which is the University  logo |
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| This form should be completed following the accompanying guidance notes. The guidance notes explain the necessary standards 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 Including (STD/Area Code) | Home: | |
| Mobile: | |
| Email: | |
| Date of Birth: | | |
| Registering Body and PIN: | | |

# 2. Further Information

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 indicate, if you have any certified prior learning that you may wish to bring forward for \*recognition against modules within the programme as part of the Edge Hill University Faculty of Health Social Care and Medicine Recognition of Prior Learning Policy.

**\*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.)*

| 3. Disclosure and Barring Service Check (to be completed by Line Manager) | | | | | |
| --- | --- | --- | --- | --- | --- |
| Requirements for all NMC / HCPC Registrants:  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.  It is a requirement by Edge Hill University Faculty of Health, Social Care and Medicine that all registrants must have an up-to-date DBS check. **This** **must be within the last three years.**  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. | | | | | |
| 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 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 |  | | | | |
| Signature of line manager |  | | | | |
| Date |  | | | | |

| 4. Release from Practice for duration of the programme (This must be completed by your immediate manager and not your clinical supervisor). | | |
| --- | --- | --- |
| As line manager / employer I agree to a minimum release from practice for all taught theory 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 with a professional body, contact day attendance and recorded achievement of all theory and practice hours are mandatory (irrespective of mode of delivery).  I am aware that students will be unable to record their qualification until all learning hours and assessments are achieved and have been verified at the Edge Hill University Awards board.  As line manager, I confirm that the nominee has been appointed as a \*Trainee Surgical Care Practitioner and is suitable to undertake the MSc in Surgical Care Practice programme.  I agree to be contacted, by the programme leader, to discuss the programme structure, arrangements for supervision and support required during the three-year programme. | | |
| Name of Line manager | |  |
| Line manager title | |  |
| Trust/ Organisation | |  |
| Telephone number | |  |
| Email address of  line manager  PLEASE TYPE THIS | |  |
| Signature |  | |
| Date |  | |

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

| 5. To be completed by the Educational Supervisor (ES) | | |
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| This section is divided into three parts: general information about the ES (5a), eligibility criteria (5b) and confirmation of practice placement quality (5c).  Please read this section carefully and the attached notes before signing each page. | | |
| 5a. Details of the Educational Supervisor (ES) | | |
| Name of ES |  | |
| Specialty |  | |
| Job title |  | |
| Qualifications |  | |
| GMC Registration Number |  | |
| Name of Trust/ Organisation |  | |
| Work Address |  | |
| Telephone Number |  | |
| Email Address  PLEASE TYPE THIS |  | |
| 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 meet the programme leader at the start of the programme, to discuss the programme structure, arrangements for supervision and support required during the three-year programme.  I agree to complete periodic reviews, as detailed in the accompanying SCP programme information sheet, with the named trainee surgical care practitioner, during the programme to monitor progress. | | |
| Educational Supervisors signature | |  |
| Date: | |  |

| 5b | Eligibility Criteria for Educational Supervisor. (ES) | | | | |
| --- | --- | --- | --- | --- | --- |
| The senior medical practitioner must meet all the criteria below. Please tick the box to confirm that you fit the criteria. | | | | | |
| The ES must be a registered Medical Practitioner who: | | | | | Please tick below |
| 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. | | | | |  |
| is responsible for the management and educational progress of the trainee SCP during the formal training placement or series of additional placements. | | | | |  |
| 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 | | | | |  |
| has gained skills equivalent to recognised training courses (e.g., Training the Trainer course or equivalent course at an higher education institution). | | | | |  |
| 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). | | | | |  |
| 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 | | | | |  |
| As the nominee’s Educational Supervisor, I confirm I meet the above criteria: | | | | | |
| Educational Supervisors signature | | |  | | |
| Date | | |  | | |
| 5c. | Quality Assurance Standards (to be completed by ES) | | | |  |
| **The ES is specifically responsible for:** | | | | | Please tick |
| 1 | Providing an induction to all clinical area of practice: including pre, peri, intra and post operative care, | | | |  |
| 2 | ensuring that trainee SCP is familiar with the curriculum and assessment system relevant to the level | | | |  |
| 3 | The phase of training and that the trainee SCP undertakes it according to requirements | | | |  |
| 4 | Ensuring that the trainee SCP has appropriate day-to-day supervision appropriate to their phase of training | | | |  |
| 5 | Helping the trainee SCP with both professional and personal development | | | |  |
| 6 | Approve a learning agreement with the trainee SCP and undertaking review meetings every 12 weeks | | | |  |
| 7 | ensuring that progress reports are completed by clinical supervisors, and that all the capabilities in practice are addressed and any differences in supervision level are explained to the trainee SCP | | | |  |
| 8 | ensuring a record is kept in the e-portfolio of any serious incidents | | | |  |
| 9 | Discussing with the trainee SCP the use of a learning e-portfolio and provide regular help and advice to the trainee SCP to ensure that the e-portfolio is developed to support professional learning. | | | |  |
| 10 | developing their own assessment of the trainee, which feeds into the annual review of the trainee SCP’s progress, completed by a panel of those closely involved in the oversight of the course: the programme lead, ES and clinical supervisor and line manager. | | | |  |
| 11 | Ensuring the completion of a least one Multi Source Feedback each year which should be a focus for discussion between the trainee, the ES and the HEI at the annual review of progress of the e-portfolio. | | | |  |
| 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. | | | |  |
| 13 | Ensures the trainee SCP has access to a variety of assessors, these include consultant surgeons, experienced SCPs or other senior healthcare professionals who are appropriately qualified and skilled in assessment and who have delegated authority from the ES. | | | |  |
| 14 | Any summative clinical assessments should be completed by the ES. | | | |  |
| 15 | Ensuring good communicated with the Clinical Supervisor who will provide reports to the ES, recommending the supervision level and providing detailed formative feedback to the trainee SCP with reference to the generic or specialty specific Capabilities in Practice. | | | |  |
| 16 | Ensure that if the trainee SCP is not making progress, the review process ensures that those experiencing difficulties are supported with a structured plan to correct any deficits and enable progression. | | | |  |
| 17 | Completing a structured report with a recommendation on completion of training 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). | | | | | |
| Educational Supervisors signature | | | |  | |
| Date | | | |  | |
| 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 | | | | | |
| **Number** | | **Action to address issue** | | | |
|  | |  | | | |
|  | |  | | | |
|  | |  | | | |

| 5e. Details of the Clinical Supervisor (CS) | | |
| --- | --- | --- |
| Name of CS |  | |
| Specialty |  | |
| Job title |  | |
| Qualifications |  | |
| GMC Registration Number |  | |
| Name of Trust/ Organisation |  | |
| Work Address |  | |
| Telephone Number |  | |
| Email Address  PLEASE TYPE THIS |  | |
| 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 and ensure patient safety.  I agree to meet the programme leader at the start of the programme, to discuss the programme structure, arrangements for supervision and support required during the three-year programme.  I agree to complete periodic reviews, as detailed in the accompanying SCP programme information sheet, with the named trainee SCP, during the programme to monitor progress. | | |
| Clinical Supervisors signature | |  |
| Date: | |  |

| 6. Declaration (To be completed by the applicant) | |
| --- | --- |
| **Declaration:**  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 have read the Notes for Guidance for Completion of the Application Form.  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.  [ ] I do not want to be contacted by Edge Hill University with any commercial information or details of other services or products no directly related to the Edge Hill University course(s) applied for. | |
| Applicants signature |  |
| Date |  |
| 7. This form should be uploaded and completed as part of the online application process along with the online application form and any evidence of previous study | |
| **email to:** [**cpdadmissions@edgehill.ac.uk**](mailto:cpdadmissions@edgehill.ac.uk) | |