**Medical Needs of Adults with a Learning Disability**

**Supporting information**

Name of applicant

Email address

Workplace

Professional registration number and the institution this is issued through,

(eg GMC, NMC, HCPC) or state if you do not have one

## Personal statement

Please provide a personal statement (approx. 400 words) confirming you are a doctor/nurse/allied health professional working at a senior level (see below) and caring for people with a learning disability within your role (you do not need to work specifically in learning disability services and can apply from primary care and secondary care).

* Doctors working at a “senior level” include:
  + General Practitioners (GPs) or GP registrars (ST3)
  + Psychiatrists or psychiatry registrars (ST5-6)
  + General medicine consultants or registrars (ST5-7)

## Self certification

|  |  |
| --- | --- |
| I confirm that I will be able to complete the necessary portfolio of evidence in my workplace | Y/N |

## Line manager statement

Name of line manager

Job title

Professional registration number and the institution this is issued through,

(eg GMC, NMC, HCPC) or state if you do not have one

Please provide a statement from your line manager confirming your suitability for the course

## Clinical Tutor

Applicants will need to identify a clinical tutor to support them through the module. Their role will be to guide the learner to find local learning experiences and enable achievement of the learning outcomes. The clinical tutor will be responsible for writing a final report outlining the learner’s overall progress and confirming whether the learner has completed the requirements.

A clinical tutor for this module must have:

* Full professional registration within their healthcare discipline.
* Hold a senior position within their department and have some experience working with people with a learning disability.
* They do not need to be an expert in learning disability/have expertise across every topic area covered in the curriculum content but would ideally understand the roles of other professionals and departments who can assist the learner in completing curriculum competencies.

Please provide details of your nominated clinical tutor for the medical needs of adults with a learning disability postgraduate certificate below.

Name of clinical tutor

Email address of clinical tutor

Professional registration number and the

institution this is issued through,

(eg GMC, NMC, HCPC)

Role held by clinical tutor

Grade of clinical tutor

Workplace of clinical tutor