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# Division of Medical Education

University of Brighton

Room 341

Mayfield House

Falmer, BN1 9PH

Tel: 01273 644768

Email: [dme@bsms.ac.uk](mailto:dme@bsms.ac.uk)

Website: [www.bsms.ac.uk/postgraduate](http://www.bsms.ac.uk/postgraduate)

Date as postmarked

Dear Applicant

**SINGLE MODULE APPLICATION**

Thank you for your interest in studying at Brighton and Sussex Medical School (BSMS). Please complete and sign the enclosed enrolment, and appropriate fees forms, and email them to [dme@bsms.ac.uk](mailto:dme@bsms.ac.uk) Please include copies of your qualification certificates.

If your application is approved, you will receive a letter asking you to enrol online about 4 weeks before your module commences. This will enable you to upload a photograph of yourself in order to obtain your Uni-Card and your period of study will be activated so that you can access online and library facilities. Your Uni-Card can be picked up from the Registry Department, Checkland Building, Falmer.

Pre-course reading and full module details will be sent to you approximately 2-4 weeks prior to the start of your module.

**Please note**

* You may be subject to a financial penalty if offered a place on a module, and then subsequently fail to give the requisite 2 weeks’ notice if you decide not to attend.
* Applications received within one week of the start date of modules will only be considered in exceptional circumstances.

Please visit <http://www.bsms.ac.uk/postgraduate/taught-degrees/single-modules/>, for information on further opportunities to study with DME as part of our continuing professional development programme.

If you have any queries please don’t hesitate to contact the BSMS team at [dme@bsms.ac.uk](mailto:dme@bsms.ac.uk) or on 01273 641782.

We look forward to receiving your application and to welcoming you as a student of the University.

Yours sincerely

Professor Gordon Ferns

Head, Division of Medical Education

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##### Application ref No:

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| **Single Module Application Form 2016-17 L4BX001FDU** |  |

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| Module to be studied | | |
| Module Code | Module Title | Date |
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| Please tick this box if taking the formal assessment  or this box if studying for CPD purposes only (no formal assessment) | | |

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| **Personal Details** | | | | | | | | | | | |
| Title Ms/Miss/Mr etc | | |  | | | | | Surname/family name | | |  |
| First name(s) | | |  | | | | | Previous surname, if changed | | |  |
| Permanent address | | | | | | | | Correspondence address (if different) | | | |
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| Postcode | |  | | | | | | Postcode |  | | |
| Daytime telephone number | | | | | Evening telephone number | | | | | Mobile telephone number | |
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| Email address | | |  | | | | | | | | |
| Gender | Male | |  | Female | |  | Date of birth DD/MM/YY | | | | | |

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| **Fee status** | |
| Nationality: | Country of permanent residence: |
| Country of birth: | Date of entry into the UK: DD/MM/YY |

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| **Ethnic origin** | | | | | |
| ***White*** |  | ***Asian or Asian British*** |  | ***Mixed*** |  |
| British |  | Indian 31 |  | White and Black Caribbean 41 |  |
| Irish |  | Pakistani 32 |  | White and Black African 42 |  |
| Other White |  | Bangladeshi 33 |  | White and Asian 43 |  |
|  |  | Chinese 34 |  | Other 49 |  |
| ***Black or Black British*** |  | Other Asian 39 |  |  |  |
| Black Caribbean 21 |  |  |  | ***Other*** |  |
| Black African 22 |  |  |  | Other ethnic group 80 |  |
| Other Black 29 |  |  |  | Information declined 98 |  |

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| **Do you have any disabilities or special needs/learning difficulties?** If yes, please give details: |
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| **Qualifications** *(Please continue on a separate sheet if necessary)* |

*List subjects taken in chronological order to include the highest and most relevant qualification.* ***Please enclose photocopies of all relevant academic certificates with the completed application form.*** *Please do not send originals*

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| **Qualification** | **Subject** | **Dates Studied**  **( From / To)** | **Place of Study** | **Results** |
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| **Work experience** *(Please continue on a separate sheet if necessary)* |

*Give details of work experience, training and employment.*

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| **Job title** | **Name of organisation** | **FT/ PT** | **From**  **Month Year** | | **To**  **Month Year** | |
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| **Marketing information** | | |
| **How did you first hear about this module? (please tick all that are relevant)** | | |
| Advert in Journal or other publication (please state which publication) |  |  |
| Poster (please state where you saw the poster) |  |  |
| Postcard (please state how you got the postcard) |  |  |
| Postgraduate prospectus (please state where you saw the prospectus) |  |  |
| Advert on a website or e-bulletin (please state which one) |  |  |
| Online via a search engine (please specify which search engine) |  |  |
| Online via course finder (please state which website eg Findamasters etc.) |  |  |
| Recommendation from a colleague (please indicate where that colleague works) |  |  |
| Please list any additional information here | | |

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| **Why did you choose to take this module? (please indicate all applicable answers)** | | |
| Career advancement |  |  |
| General interest |  |  |
| Mandatory qualification |  |  |
| Please list any additional information here | | |

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| **Personal statement** *(Please continue on a separate sheet if necessary)* |

Enter here any further information you may wish to offer in support of your application. The module leader will be interested in your reasons for choosing the module, your career aspirations and relevant experience and information concerning your intellectual, and other interests. If you have been out of education for some time, please outline any relevant experience that may also be taken into account in lieu of formal qualifications, either at home or in voluntary or paid work. It may also be helpful to explain any breaks in your career.

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| Do you have any criminal convictions? If yes, please give details: |
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| Declaration |

Please complete the declaration below and return this page to the Admissions Officer at the address shown above.

**Terms and Conditions:**

1. As a member of the university I undertake to comply with its regulations and enrolment procedures. If any of my studies take place at one of the partner colleges, the college regulations and enrolment procedures will follow.
2. If I am not supported by any grant, scholarship or any form of sponsorship by an organisation, I undertake to pay tuition fees, enrolment fees and other charges relevant to my course when I enroll online. If any of my studies take place at one of the partner colleges, I understand that fees must be paid to the college at which I will be studying. I note that fees quoted in university literature refer to the fees for one academic year only and that each year’s enrolment cannot be completed unless and until the appropriate fee for that year has been paid.
3. I undertake to pay when requested any charges that may arise from obligatory attendance at field courses, visits etc.
4. Should I become a student at the university, it will be a term of my contract with the university that they will take all reasonable steps to provide the educational services described in the prospectuses and promotional material. However, the university cannot guarantee to provide those services to me, since industrial action or circumstances beyond the control of the university may from time to time interfere with their ability to provide educational services. In such circumstances the university will take all reasonable steps to minimize disruption to my education.
5. If I attend part of the module I will be charged the full module fee. If I want to cancel my place on the module, I must inform the university in writing 2 weeks prior to the start of the module. If I do not do this I will be subject to an academic penalty and possibly a fine.
6. I agree that the University of Brighton may disclose information regarding my student status, attendance and final award to the Trust/organisation funding my study.

*I confirm that the information I have given in this form is true, complete and accurate and no information requested or other material information has been omitted. I acknowledge that the information on this form will be used in accordance with the Data Protection Act 1998 and will be used to form the basis of my student record. I give my consent to the processing of my data by the university. I accept that, if I do not fully comply with these requirements the university shall have the right to cancel my application and I shall have no claim against the university in relation thereto.*

*I understand that, if I have either omitted information or given false information on my application, this application or offer will be withdrawn.*

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| *If offered a place on the module, I* |  | *accept the terms and conditions as detailed above.* |

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| Signature of applicant |  | Date |  |

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| **Module Leader’s Approval** |

**Statement of Admission**

I certify that this student has been accepted for a place on the module detailed in this application and meets all the selection criteria as given on the module description for that module.

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| **Signature of module leader** |  | Date |  |
| **PRINT NAME:** |

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| **Fees for the Module(s) – please tick one box below. If your fees are paid by H.E.C or by a sponsor you must**  **complete one of the fees forms (attached the bottom of this form) and return with your application.** | |
|  | Health Education Contract (H.E.C) (previously PTD contract) – complete name of trust below. |
|  | Employer or sponsor |
|  | Self-funded student (\* see notes below relating to self-funded students). |
|  | Staff fee waiver (please download a staff fee waiver form from staff central or contact us for a copy). |

**\* Self-funded Students –** There are various methods by which you can pay your fees. Once you have been accepted onto the module and received your online enrolment letter, please download your preferred fees payment form during the online enrolment process. Otherwise an invoice will be sent to you at your home address after the commencement of your studies. If you would like to discuss the payment options available to self-funding students please contact the Finance department on 01273 642959.

**Authorisation for Health Education Contract**

If fees for this application are being paid by the *Health Education Contract (previously PTD contract)* this page **MUST** be stamped with the Health Education Contract stamp held by the following authorised signatories for your Trust. **You MUST also complete the Fees form below ‘Tuition/Research Fee Payment by the Health Education Contract (H.E.C) (previously Person Training Days – PTD)**

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|  | **Trust** (Codes are for office use) | **Authorised Signatories** |
| SN271 | Ashford & St Peters NHS Trust | Judith Thompson, Fiona Holley,Russell Wernham |
| SN201 | Brighton & Sussex University Hospitals NHS Trust | Claire Martin |
| SN362 | Central Surrey Health | Angie Denyer, Laura Rivet |
| SN272 | East Kent Hospitals NHS Trust | Ann Broadhead, Helen O’Keefe, Lesley Bourne |
| SN040 | East Sussex Healthcare NHS Trust | Barbara Gosden, Angie Jarvis |
| SN042 | First Community Health & Care | Mel Dawson |
| SN082 | Frimley Health NHS Foundation Trust | Clare Williams, Annette Gericke, Karen Prestidge, Sharon Burfield |
| SN041 | Kent & Medway NHS & Social Care | Debbie Bray |
| SN284 | Kent Community Health NHS Trust | Helen Hatter |
| SN206 | Maidstone & Tunbridge Wells NHS Trust | Pam Bridger, Marian Palmer |
| SN273 | Medway NHS Foundation Trust | Tracy Perkins |
| SN210 | Queen Victoria Hospital NHS Trust | Nicola Reeves, Katharine Bond |
| SN274 | Royal Surrey County Hospital NHS Trust | Jo Embleton, Louise Stead |
| SN270 | South East Coast Ambulance Service NHS Trust | Stuart Rutland |
| SN043 | Surrey & Borders Partnership NHS Trust | Anne O’Connor |
| SN155 | Surrey & Sussex Healthcare NHS Trust | Alyson Stobbs |
| SN365 | Virgin Care (previously Surrey Community Health) | Tracy Harman, Jacqui Smart, Jacqui Doick (Finance Co-Ordinator) |
| SN039 | Sussex Community NHS Trust | Lucy Scragg, Paul Mcmahon, Julia Fairhall |
| SN231 | Sussex Partnership NHS Foundation Trust | John Hewitt, |
| SN276 | Western Sussex Hospitals NHS Trust | Tricia Rigby, Maggie Davies |
| SN271 | Ashford & St Peters NHS Trust | Judith Thompson, Fiona Holley, Russell Wernham |
| SN201 | Brighton & Sussex University Hospitals NHS Trust | Claire Martin |
| SN362 | Central Surrey Health | Angie Denyer, Laura Rivet |
| SN272 | East Kent Hospitals NHS Trust | Ann Broadhead, Helen O’Keefe, Lesley Bourne |
| SN040 | East Sussex Healthcare NHS Trust | Barbara Gosden, Angie Jarvis |
| SN042 | First Community Health & Care | Mel Dawson |
| SN082 | Frimley Health NHS Foundation Trust | Clare Williams, Annette Gericke, Karen Prestidge, Sharon Burfield |
| SN041 | Kent & Medway NHS & Social Care | Debbie Bray |
| SN284 | Kent Community Health NHS Trust | Helen Hatter |
| SN206 | Maidstone & Tunbridge Wells NHS Trust | Pam Bridger, Marian Palmer |
| SN273 | Medway NHS Foundation Trust | Tracy Perkins |
| SN210 | Queen Victoria Hospital NHS Trust | Nicola Reeves, Katharine Bond |
| SN274 | Royal Surrey County Hospital NHS Trust | Jo Embleton, Louise Stead |
| **BY STAMPING BELOW YOU ARE AGREEING TO: funding this application from the Health Education Contract** | | |
| **SHA Health Education Contract Authorisation stamp (essential)**  **YOU MUST ALSO COMPLETE & STAMP THE H.E.C FEES FORM** | | Name of Trust:    Date and signature **(must also be stamped):** |



**Tuition / Research Fee Payment by the**

**Health Education Contract (HEC)**

**About You**

* You can find these details under the Personal tab on studentcentral

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Student number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Course |  | Academic year |  |

* *Please specify below which modules are to be covered under the HEC:*

|  |  |  |  |
| --- | --- | --- | --- |
| *Module code* |  | *Title* |  |

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| *Module code* |  | *Title* |  |

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| *Module code* |  | *Title* |  |

**About your NHS Trust**

* You have indicated that *some or all of* your tuition / research fees will be paid via the HEC
* The form, *once* ***stamped***, can be scanned and emailed to [dme@bsms.ac.uk](mailto:dme@bsms.ac.uk)
* Alternatively it can be posted to the address shown below
* Unstamped forms or forms sent to a different office will not be processed

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| *Percentage % of fees or fixed amount covered by the HEC* |  |

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| Name of Trust |  |

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| Person authorising the use of HEC |  |

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| Position in Tust: |  | Contact no. |  |

**University of Brighton HEC authorisation stamp**

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| Date stamped |  |

Please note that a new HEC fee payment form is required at the beginning of each and every academic year of study. This is a condition of your sponsorship specified by your Trust.   
   
**Please return this form to**: Division of Medical Education, Brighton and Sussex Medical School, University of Brighton, Room 341 Mayfield House, Falmer Campus, Brighton BN1 9PH. Email: [dme@bsms.ac.uk](mailto:dme@bsms.ac.uk)



**Tuition / Research Fee Payment Information by a Sponsor**

**PLEASE NOTE:** By completing this form your company / organisation are agreeing to sponsor the student for the duration of their course unless an end date is specified below, or the University is informed in writing.

**About you**

* You can find these details under the Personal tab on studentcentral
* If your sponsor fails to pay all your fees, you will be personally liable to pay any remainder

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| Name |  | Student number |  |

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| Course |  | Academic Year Start |  |

**About your sponsor**

* You have indicated that your tuition/research fees will be paid by a sponsor.
* Please complete the following information about your sponsor and return the form to the address at the bottom of the form once the sponsor has **signed the form**.
* Alternatively the **signed form** can be scanned and emailed to [dme@bsms.ac.uk](mailto:dme@bsms.ac.uk)
* If you return the form unsigned or send it to a different office it will not be processed.

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| --- | --- | --- | --- |
| Name of organisation |  | Contact’s name |  |

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| Position in organisation |  | Contact no. |  |

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| Sponsorship Ends |  | Purchase Order No. |  |

(if applicable)

Address to which the invoice for tuition fees should be sent

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| Percentage % of fees or fixed amount covered (per academic year) |  |

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| Signature on behalf of the organisation |  | Date |  |

(The student is not permitted to sign on behalf of organisation)

**Please return this form to**: Division of Medical Education, Brighton and Sussex Medical School, University of Brighton, Room 341 Mayfield House, Falmer Campus, Brighton BN1 9PH. Email: [dme@bsms.ac.uk](mailto:dme@bsms.ac.uk)