

# MASTERS MODULE APPLICATION FORM

**PLEASE COMPLETE THIS FORM ELECTRONICALLY AND EMAIL IT TO:** [**mastersmodules@oxfordhealth.nhs.uk**](mailto:mastersmodules@oxfordhealth.nhs.uk)

**PLEASE PRINT IN BLOCK CAPITALS**

**1. APPLICANT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| Gender: | Male  Female | Prefer to Self-Describe: | Prefer not to say |
| Job Title: |  | Band (if in NHS): |  |
| Name of employing organisation: |  | Date commenced current employment: |  |
| Work Base Address: |  | Directorate: |  |
| Service Area: |  |
| Telephone no: |  | Email address: |  |

**2. MODULE AT UNIVERSITY**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | | |
| Module no: |  | Cost: |  |
| Provider: |  | Location: | UNIPART |
| Start date: |  | End date: |  |

**3. MASTERS DEGREE PATHWAY**

|  |  |  |
| --- | --- | --- |
| I am undertaking this module as part of one of the following the Masters Degree pathways:  MSc in Professional Practice (Mental Healthcare) / MSc in Professional Practice (Physical Healthcare) | YES: | NO: |

**4. External Staff please provide full information. Applications for funding will be sent to FundingApplications@oxfordhealth.nhs.uk**

|  |  |
| --- | --- |
| Full title and reference number of course: |  |
| Start date of course: |  |
| Company name: |  |
| Contact number: |  |
| Email address: |  |
| Course fee / arrangements: |  |
| Please indicate whether you would like to pay in instalments (full payment must be received BEFORE final assessment deadline): |  |
| Additional information e.g. payment required by credit card |  |

**5. LEARNING REQUIREMENTS:**

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| --- |
| Please indicate any additional learning support or special needs that we should take into account. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **I have a disability which may affect my learning** |  | **I do not have declared disability** |  | **Not sure** |  | **Prefer not to say** |  |
| If you have a declared disability, please select the appropriate option below so that we will be better able to support you (please note that you will need to bring evidence of diagnosis to your first meeting with the module lead): | | | | | | | |
| **Dyslexia** |  | **Dysgraphia** |  | **Dyspraxia** |  | **Dyscalculia** |  |
| **ADHD/ADD** |  | **Visual Impairment** |  | **Physical Health Impairment** |  | **Hearing Impairment** |  |
| **Other – Please state:** |  | | | | | |  |
| **Please specify any additional learning support you require** (E.g., require any print outs on light green paper, or require extended deadlines/extra time in exams): | | | | | | | |

**6. PLEASE SPECIFY ANY RELEVANT PREVIOUS STUDIES:**

|  |
| --- |
| **(Band 5 applicants may be considered if previous evidence of Level 6 study can be provided)** |

**7. QUALIFICATIONS**

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| Please give dates, name of university or college and qualification starting with the most recent |

**8. OBJECTIVE OF LEARNING ACTIVITY**

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| Please state how this learning activity will support and enhance your performance in your current role:  (max 500 words). When answering this question please state your motivations for applying and how you anticipate the course will support you, your team and the service that you work in now and in the future. Please include at least 2 citations/ references [e.g. NHS England (2022)]. *The box will expand as you type into it.* |

**9. REGISTRATION (Clinical staff)**

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| --- |
| Please state the name of the professional body you are registered with and the date of the registration: |

**10. What is your ethnic group: Please select**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Asian or Asian British** | Indian |  | **White** | British – English |  |
| Pakistani |  | British – Scottish |  |
| Bangladeshi |  | British – Welsh |  |
| Chinese |  | British – Northern Irish |  |
| Other ethnic group, please state: |  | Irish |  |
| **Black or Black British** | African |  | Irish Traveller |  |
| Caribbean |  | Gypsy |  |
| Other ethnic group, please state: |  | Roma |  |
| **Mixed / Dual Heritage** | White & Black Caribbean |  | Other ethnic group, please state: |  |
| White & Black African |  | **Other  Ethnic Group** | Arab |  |
| White & Asian |  | Other ethnic group, please state: |  |
| Other ethnic group, please state: |  |
| **Prefer to use own term** | Please state: |  | **Prefer to not to say** | |  |

**11. IMPORTANT INFORMATION:**

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| --- |
| * This application requests funding from central Learning and Development (L&D) budgets. Please give as much detail as possible regarding your objectives for the learning activity. * If your form is not fully completed, then it will be returned. The funding application may therefore be delayed. * Funding is not approved until you receive written confirmation from L&D. Please do not commit to any learning without this confirmation. * Once you have received confirmation from L&D, it is your responsibility to apply directly to the learning provider. * Please note that travel and any accommodation costs much be funded from elsewhere. * Funding is allocated for the period 1 April – 31 March each year. |

**12. STUDY LEAVE AGREED**

|  |  |  |  |
| --- | --- | --- | --- |
| No of Hours/Days: |  | Over the Period: |  |

**13. AGREEMENTS AND SIGNATURES - Completion of this form constitutes acceptance of the following conditions:**

|  |  |
| --- | --- |
| **APPLICANT**  I understand that I may be required to repay all, or part of the course fees should I fail to complete the course.  I understand that my manager can request evidence of attendance and submission of assessment/s (no grades will be shared).  I have agreed a plan for how my learning on the module can used in my practice area, including appropriate supervision for implementing any specific skills.  I have read the above important information. | **LINE MANAGER (if self-employed please leave this section blank)**  The learning activity is/will be included in their Personal Development Plan (PDP).  I confirm that the person is up to date with all Mandatory training.  I confirm that this learning activity will enhance the individual’s ability to carry out their current role and have agreed a plan for how learning can be used in their practice.  I confirm that the individual will be adequately supervised to use these skills in practice. |
| Signature:  Name: | Signature:  Name:  Job title:  Tel No: |
| Date: | Date: |

***Please note: Spaces are limited on our masters modules and reviewed on a first-come, first-served basis. If the module reaches capacity, you will be added to a waitlist and notified if a space becomes available. All applications will go through a shortlisting process to ensure eligibility for undertaking the module.***

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**