

**Application Form - September 2024 and January 2025 Intakes**

All students applying to enter the course must have the agreement and support of their Unit Matron and Education Team

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| **1. Personal Details (please complete in BLOCK CAPITALS)** | | | | | |
| Title | Surname/Family Name | | First Name(s)/Given Name(s) | | Sex |
| Nationality | | Country of Permanent residence (Domicile) | | Professional Registration details (including PIN Number): | |
| Correspondence Address  (This will be used for all correspondence)  Postcode:  Mobile number:  Other contact number:  Email address: | | | Date of Birth (dd/mm/yyyy): | | |
| Previous Surname (if applicable) | | |
| Permanent Home Address  (if different from correspondence address)  Postcode: | | |
| **2. Programme Details** | | | | | |
| Critical Care Course - Fundamentals Unit and Advancing Unit  60 Credits - Level 6 and Level 7 | | | | | |
| Preferred Level of study: Level 6 Level 7    If Level 7 is preferred, please indicate which of the following you have:  1st Degree 2:1 Degree Previous study at Level 7 | | | | | |
| Have you previously applied for this course? No Yes (Date if known) | | | | | |
| **3. Work History** | | | | | |
| Job Title and Department | | Hospital | Number of Contracted Hours | Start Date | End Date |
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| **4. Qualifications held** | | | | | |
| Please list all subjects taken, whatever the result, in chronological order. Continue on a separate sheet if necessary | | | | | |
| Diploma, Degree or other professional qualification | Subject | Date Completed | University/college | Result | Credits (if applicable) |
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| **5. English Language** | | | | | |
| What is your first language?  Do you hold an English Language qualification? IF yes, please give details below: | | | | | |
| Name of English Language qualification type of test taken | | Award body/college/university | | Date of qualification | Result |
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| **6. Disability/special needs** | | | | | |
| Do you have any specific educational requirements?  Yes No  \*If yes, please give details and (if appropriate) please provide supporting paperwork with the application form.  Do you have a disability, impairment or medical condition?  Yes No  \*If yes, please give details and (if appropriate) please provide supporting paperwork with the application form. | | | | | |
| **7. Other specific requirements** | | | | | |
| Do you have any other specific requirements as regards the course/study days? | | | | | |
| **8. Written exercise (500 words)** | | | | | |
| All applicants are required to produce a 500 word written piece, evidencing their ability to write academically in preparation for the course.  This must be type-written using Ariel 12 font and double-line spacing.  When writing your 500 word written piece, you could consider the following:   * Your clinical experience and personal reasons for wanting to access the course * How you undertaking the course will be of benefit to your unit * How will you manage your time whilst on the course   Please include two or three contemporary references, and acknowledge these using the Harvard referencing system.  The written piece will be reviewed by your unit educator and Critical Care Course Programme Lead who will assess whether it meets the required standard for entry on to the course. The outcome of this will be discussed with you, and if you are unsuccessful on this attempt, a supportive plan will be put in place to prepare you for a future cohort.  If you need support with how to write academically or how to reference, the LTHT Library Service can provide support and signpost useful resources. Contact [lthstafflibraries@nhs.net](mailto:lthstafflibraries@nhs.net) or visit [https://www.leedslibraries.nhs.uk/topic-guides/study-skills](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.leedslibraries.nhs.uk%2Ftopic-guides%2Fstudy-skills&data=05%7C01%7Cs.beavors%40nhs.net%7Cebe80243994644aabb1f08dbe682c75b%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638357221578477606%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=KTzsytAi4DX6Tval%2Ft%2FJzUF%2Bo4NgyG4JBamiVePpdt8%3D&reserved=0)  This can be completed below, or on a separate document. | | | | | |
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**Notes for Applicants/Requirements for the Course**

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| **Applications** | Application forms must be sent to Sophie Beavors (address at bottom of application form) by **Thursday 29th February 2024.** |
| **Interviews** | Interviews will be held in June 2024. The planned dates are: 10th and 11th June.  Interviews will be conducted both in a larger and smaller group.  **Please provide any unavailability you have in June in section 7 “Other specific requirements”**  It may not be possible to arrange an alternate interview date after the closing date.  Invites to interview will be sent via email so please supply correct email address. |
| **Programme Induction** | Course Induction will take place on day 1.  Attending the induction is mandatory. It is expected that the induction will be held in person at St. James’s University Hospital, Leeds. |
| **Competency Element** | All students must have an approved named mentor within their own area to support them through the competency process. Competency assessment should be taking place and recorded in the document as the student progresses through the course.  Students are responsible for the safe keeping of their competency document. LTHT will not provide lost / damaged documents. |
| **Academic Element** | All students are expected to engage in the formative work set to support them in the academic element of the course. Each student will be allocated an Academic Adviser on induction to support them through the course. |
| **Submission dates** | Fundamentals Module - Assignment submission will be identified to students on day one - induction.  Advancing Module - End of course presentation - Students will be assigned a date on commencement of Advancing module.  **Students must ensure they are available to attend on their assigned day to deliver their presentation.** |

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| **I declare that the information on this form is correct and that I have been granted permission to apply for this programme by my line manager / unit matron. I understand that any offer of a place is subject to the agreement and support of my Manager and Practice Educator. I accept that if I do not provide the evidence requested prior to my interview, Leeds Teaching Hospitals reserves the right to refuse me entry on to the course.** | |
| Applicant name (please print): |  |
| Applicant signature: |  |
| Date: |  |

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| **Manager and Educator Support** | |
| We agree to support the applicant to undertake the Critical Care Programme at Leeds Teaching Hospitals.  We agree to the applicant being able to attend the study days.  We confirm the applicant has completed their Steps 1 Competencies | |
| Manager name (please print): |  |
| Manager signature: |  |
| Educator name (please print): |  |
| Educator signature: |  |

**Please check you have completed ALL sections of the form and submit your application form to Sophie Beavors, Programme Lead, at** [**leedsth-tr.criticalcarecourseacc@nhs.net**](mailto:leedsth-tr.criticalcarecourseacc@nhs.net) **by 29th February 2024**

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| **Equality & Diversity Monitoring (filling in this section is voluntary. The information provided will be kept confidential and will be used for monitoring purposes only)** |

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| **1.** Please state your age group: | 🞎 16-25,   🞎 26-39,  🞎 40-59,   🞎 59+  🞎  I do not wish to disclose this | | | | | |
| **2.** Please select your gender: | | | | | | |
| 🞎 Male (including Trans Man) 🞎 Female (including Trans Woman)  🞎 Non-binary 🞎 I do not wish to disclose this | | | | | | |
| **3.** Do you consider yourself to have a disability? | | | | 🞎 Yes 🞎 No (Please move to question 4)  🞎 I do not wish to disclose this | | |
| If yes, please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other'. | | | | 🞎 Physical Impairment  🞎 Sensory Impairment  🞎 Mental Health Condition  🞎 Learning disability / difficulty 🞎 Long-standing illness 🞎Other – please state: | | |
| **4.** Please indicate your religion or belief: | | | | | | |
| 🞎 Christianity  🞎 Islam  🞎 Hinduism | | | 🞎 Sikhism  🞎 Buddhism  🞎 Judaism | | | 🞎 Other  🞎 None  🞎 I do not wish to disclose this |
| **5.** I would describe my ethnic origin as: | | | | | | |
| **White:**  🞎 British  🞎 Irish  🞎 Gypsy or Irish Traveller  🞎 Any other White background    Please specify  ……………………..  🞎 I do not wish to disclose this | | **Black or Black British:**  🞎 African  🞎 Caribbean  🞎 Any other Black background  **Mixed:**  🞎 White & Asian  🞎 White & Black African  🞎 White & Black Caribbean  🞎 Any other mixed background | | | **Asian or Asian British:**  🞎 Bangladeshi  🞎 Indian  🞎 Pakistani  🞎 Chinese  🞎 Any other Asian background  **Other Ethnic Group:**  🞎 Arab  🞎 Any other ethnic group - please state: | |