

CANTERBURY CHRIST CHURCH UNIVERSITY
Faculty of Health & Social Care
Health and Social Care CPD Scheme

STAND ALONE MODULE APPLICATION FORM

(For students who wish to undertake individual modules or Level 5 modules and who do not wish to complete a full award)

MR/MRS/MISS/MS (please circle)	FORENAME
SURNAME:	PREVIOUS SURNAME (IF APPLICABLE):
Address (Home)	Address (Work)
Tel No:	Tel No:
Mobile:	Directorate:
Date of Birth:	
E-mail address: (We may use this to communicate with you)	

Please identify which modules you wish to commence in the boxes below. Most modules are offered only at Level 6. However, where modules are offered at Level 5 and 6, please indicate at which Level you wish to study. Please note Level 5 modules do not contribute to an award.

	Academic Year _____	Ring as appropriate
Semester 1 – September – January		
Semester 1 — 1st Module		Level 5 / 6
2nd Module		HE Level 5 / 6
Semester 2 – February – June		
Semester 2 — 1st Module		HE Level 5 / 6
2nd Module		HE Level 5 / 6

Anticipated Date of Commencement _____

PLEASE SEE TIMETABLE FOR CUT OFF DATES FOR APPLICATIONS.
FORMS RECIEVED BY THE UNIVERSITY AFTER THESE DATES WILL NOT BE CONSIDERED

Do you have a disability which we ought to consider? _____

I would describe myself as: **White/British() White/Irish() White/Scottish() White/Other()**
Black/Caribbean() Black/African() Black/Other() Indian() Pakistani() Bangladeshi() Chinese()
other Ethnic Group()

Country of birth _____ Nationality _____

Country of Permanent Residence _____

Permanent Home Address _____

Do you need a visa to study in the UK? _____

If you do not require a visa to study in the UK and you are not a British Citizen/EEA National/Swiss national then please advise which immigration status applies to you e.g. Married to UK Citizen, ILR, Dependant Visa, Work Permit Holder (you should provide evidence of this such as relevant pages in passport or Home Office Letter and attach to the application form).

Signature of Student _____ Date _____

Signature of Pathway Planner _____ Date _____

Have you Managerial support for time and supervision? YES

Signature of Manager: _____

SOURCE OF FUNDING (*please tick*) SELF SPONSORED SHARED

Name of Trust/Sponsor _____

Signature of Authorised Fund Holder (This is NOT your ward or department manager):

_____ Print _____ Date _____

Please ensure you have the correct authorised signature, as incorrect forms will be returned.

If you are unsure who your authorised fundholder is, please check with your line manager.

Return to: Faculty of Health CPD Office
Faculty of Health & Social Care
Canterbury Christ Church University
North Holmes Road
Canterbury
Kent CT1 1QU

In order to complete the remainder of the planner you will need a copy of the current timetable and a programme handbook (these can be obtained from Faculty Information Office. Tel: 01227 782379)