



APPLICATION FORM for SHSC Education – Self or employer funded

- Please complete ALL sections of this application form

APPLICANT TO COMPLETE:

1	Title (eg Mr, Ms, Dr)		DOB :	Sex (M/F)
	Family Name :		Previous Surname:	
	First Name(s) :			
	Home Address:		Work Address:	
	Home Tel No:			
	Mobile Tel No:			
	Work Tel No:			
Email Address :				

2 PLEASE TICK THE COURSE FOR WHICH YOU ARE APPLYING:

Cognitive Behavioural Psychotherapy Courses	Credits	Level	Start date	Tick
Introduction to Cognitive Behavioural Psychotherapy <i>E-Learning Module</i>			November 2015	
Post Graduate Diploma in Cognitive Behavioural Psychotherapy - Year 1	60	7	September 2015	
Post Graduate Diploma in Cognitive Behavioural Psychotherapy - Year 2	60	7	September 2015	
Clinical Supervision for Cognitive Behavioural Psychotherapists	30	7	October 2015	
Acceptance and Mindfulness-based Approaches to Psychotherapy – Module 1	30	7	January 2016	
Clinical Applications of Acceptance and Mindfulness-based Approaches to Psychotherapy – Module 2 (Subject to approval)	30	7	January 2016	

For queries regarding our **SHSC Education** courses please contact the Administrator and Course Leader:

Cognitive Behavioural Psychotherapy

Course Administrator: Amanda Smallwood: Tel. 0114 271 8687

Course Leader: Joe Curran joe.curran@shsc.nhs.uk

3 Have you been a student at SHSC Education before?

Yes No

If so, please state details of last course/Term/Year:

4 ACADEMIC AND PROFESSIONAL QUALIFICATIONS AND CREDIT. This information will be used to assess your suitability for the course for which you are seeking funding.

Examining Body (Organisation responsible for your qualification)	Subject (eg. Nursing, Occupational Therapy etc)	Type (e.g. Advanced Dip., BA, Credit only – state credit gained)	Professional Qualification (e.g. RGN, RMN etc. where relevant)	Year (of award)

5 Professional Body Registration:

Registration Number: Expiry Date:

Professional Group (eg. Physio, OT, etc) :

6 EMPLOYMENT (last 5 years) Please state your present post first

EMPLOYMENT			Dates (Year)	
Post held	Specialty	Place of Work + Address	From	To

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7 FURTHER INFORMATION

Please give further information in support of your application. Include anticipated relevance of the course to your own clinical practice and development you have already taken, highlighting relevant work experience.

(Please continue on separate sheet if necessary)

8. Funding source

Self-funding

Employer

Details of contact person _____

Other

Please state _____

9. References

Please supply the name, address, telephone number and email of two appropriate referees. (such as your manager, clinical educator or an academic referee.) Take up of references may vary from course to course

1.	2.
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10. PLEASE INDICATE ANY DISABILITIES AND SUPPORT NEEDS:

- Dyslexia Blind/partially sighted Wheelchair user/mobility difficulty
- Deaf/hearing impairment Mental health difficulty Multiple difficulties
- Personal Care Support Autistic spectrum disorder/Asperger syndrome
- Hidden disabilities (diabetes, epilepsy, asthma etc) Please specify: _____

Nature of support required: _____

11. EQUAL OPPORTUNITIES MONITORING

Ethnic origin <input type="checkbox"/> White <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black Other <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Asian Other <input type="checkbox"/> Other Please specify:	
Religion	Number of Dependents

12. Criminal Convictions The University needs to know whether you have a conviction for an offence against the person, which is of a violent or sexual nature; or, a conviction for an offence involving unlawfully supplying controlled drugs or substances, where the conviction concerns criminal drug dealing or trafficking. If you have such a conviction, please mark the 'Yes' box with an X. Your conviction will not affect the academic consideration of your application.

Do you have any relevant criminal convictions ? Yes No

13 DECLARATION
I confirm that, to the best of my knowledge, the information given on this SHSC Education application form is correct and complete.

I agree to the disclosure of my data to my named sponsor.

Applicant's Name (please print).....

Applicant's Signature

Date

Please ensure this form is fully authorised on the front page and returned to the address below.

Please return this form to:

*Amanda Smallwood
 Fulwood House Tudor Building
 Old Fulwood Road
 Sheffield S10 3TH*

<i>For SHSC Use Only</i>	<i>Application # :</i>	<i>Course Fee Total :</i>
<i>Date Application Received :</i>		
<i>Date Application sent to course leader:</i>		