



MASTERS LEVEL APPLICATION FORM

RECOGNITION AND MANAGEMENT OF THE ACUTELY UNWELL ADULT MODULE (RAM) (incorporating the IMPACT Course)

I wish to apply to undertake the RAM module as a stand alone module at Masters level (SCQF level 11)	<input type="checkbox"/>	Please complete all sections
I am already on the MSc Advanced Practice Programme and wish to apply for the RAM module	<input type="checkbox"/>	Please complete Supplementary Sheet 2 only
I would like to apply for the RAM module and the MSc Advanced Practice programme	<input type="checkbox"/>	Please complete all sections

Applicants should complete the attached standard university application form and supplementary sheets for this specific course. Completed applications and a current CV should be sent to:

Kulwinder Atwal, Administrator, Professional Governance & Regulation, Ground Floor, JB Russell House,
Gartnavel Royal Hospital, 1055 Great Western Road, GLASGOW G12 0XH

Postgraduate Application Form

To the Applicant:

- Please complete the form in black ink, in type or BLOCK CAPITALS
- Programmes normally commence in September or January. There is no formal closing date for applications, but early application is advised.
- If you are recognised by the UK authorities as an immigrant, a settled person or a refugee and have lived in the UK since being recognised please enclose a copy of the letter from the Home Office recognising you as a person in one of these categories.
- All applications to Glasgow Caledonian University are considered on an equal basis which takes no account of religious, racial, gender, age or political considerations.

1. Personal Details						
Surname/Family Name					Country of Birth	
Forenames					Nationality	
Title (Mr/Mrs/Miss/Ms)					If you live in the UK, since which date? Since Birth <input type="checkbox"/>	
Date of Birth	Day	Month	Year		Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Have you previously studied in the UK? If yes please provide details in the Qualifications section including those where no award was achieved.						Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Contact Details			
Permanent home address		Contact/Correspondence address (If you wish to receive all correspondence at an address different from your permanent home address please provide details. If you are represented by an agent, the agent should place their stamp here.)	
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone (Inc. country code)	<input type="text"/>	Telephone (Inc. country code)	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
It is essential that you provide us with a clear, valid email address as this is the method we will use to contact you.			

3. Course Details*	
Title of Course(s)	<input type="text"/>
Mode of Study	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Distance Learning <input type="checkbox"/> <small>Please note that not all courses offer full time, part time and distance learning options. Please refer to gcu.ac.uk for availability.</small>
Date of Entry	Month: January <input type="checkbox"/> September <input type="checkbox"/> Year: <input type="text"/>

For Office Use Only	
<input type="checkbox"/> COF <input type="checkbox"/> UOF <input type="checkbox"/> RJT	COF T
	Dec S
	Dec RR
	Decision made by (signature):
Date (decision made):	

4. Qualifications

Please give details of your secondary school qualifications. Continue on a separate sheet if necessary.

Subject and level	Examining Body	Result	Grade or band	Exam date

5. Please detail any courses undertaken in higher education (e.g. college/university level) including those where no award was achieved. Please include any pending awards.

Awarding Institution (University/College)	Name of Course	Final Grade	Started		Completed	
			Month	Year	Month	Year

6. Please give details of any professional qualifications undertaken. Please include any pending awards.

Name of awarding body	Qualification	Result	Date

7. If your first language is not English, you will be required to provide a valid IELTS or TOEFL certificate*. Without this the University will be unable to make you a final offer. *For a list of other English language qualifications accepted by the University please refer to our website.

Is English your first language? Yes No

If no, please give details of English language courses undertaken, including those where no award was achieved. Please attach copies of certificates, for any award held. If you are currently undertaking an English language course, please give details of the course and the expected completion date.

Qualification (e.g. IELTS, TOEFL)	Scores/Grade	Date

Would you like us to include an appropriate Pre-Sessional English programme as part of your offer? Yes No

Please note that you must provide evidence of your current English language level in order to be issued with an offer that includes a Pre-Sessional English programme.

8. Employment/Work Experience

Please give details of your work experience (if any), including name and address of employer(s), position held, type of work undertaken and duties. Continue on a separate sheet if necessary.

Dates:	Position held:	Name and address of employer:
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Main duties and responsibilities:

Dates:	Position held:	Name and address of employer:
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Main duties and responsibilities:

9. Additional Information/Supporting Personal Statement

Please provide any other information you wish to support your application, including information offered in lieu of formal qualifications e.g. relevant experience for mature students. Please include your reasons for wanting to study your choice of course at GCU. Continue on a separate sheet if necessary.

10. Source of Funding

Please state how you intend to fund your proposed study. Give details of any application(s) for grant/scholarship/sponsorship you have made. If a grant/scholarship/sponsorship has already been awarded please attach a copy of supporting documentation. Please note completion of this section does not constitute an application for financial support.

11. Additional Information

Do you have a disability? Yes (please indicate below) No

- | | | |
|---|---|--|
| <input type="checkbox"/> 00 No known disability | <input type="checkbox"/> 06 Mental health difficulties | <input type="checkbox"/> 11 A specific learning difficulty (e.g. dyslexia) |
| <input type="checkbox"/> 02 Blind/partially sighted | <input type="checkbox"/> 07 An unseen disability
(e.g. diabetes, epilepsy, asthma) | <input type="checkbox"/> 96 A disability not listed above |
| <input type="checkbox"/> 03 Deaf/hearing impairment | <input type="checkbox"/> 08 Multiple disabilities | <input type="checkbox"/> 97 Information refused |
| <input type="checkbox"/> 04 Wheelchair user/mobility issues | <input type="checkbox"/> 10 Autistic spectrum disorder | <input type="checkbox"/> 99 Not known |
| <input type="checkbox"/> 05 Personal care support | | |

If you have marked 'A disability is not listed above', please use the space provided to give your answer.

We will only use this information to provide you with details of our disability service. You can find further information regarding our disability services on our website: <http://www.gcu.ac.uk/student/disability>

Do you have any criminal convictions? Yes No If yes, we will contact you for further details.

12. Where did you hear about GCU?

- | | | |
|---|--|---|
| <input type="checkbox"/> Careers Office | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Agent (please give name) _____ |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Open Day/Exhibition | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> GCU website | <input type="checkbox"/> Other website _____ |

13. Application Checklist

Please use this checklist to ensure your application is complete. If you do not have all documents at the time of application your application may be delayed. Please provide any missing information as soon as possible.

	Enclosed	To follow	Not available/ applicable
Signed application form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of university/college certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of academic transcripts/mark sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two reference letters (2 academic, or 1 academic and 1 employer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of English language qualifications (required if your first language is not English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the photo/data page of passport (essential for international students requiring a student visa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Official translations of any documents not in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Disclaimer (To be signed by the applicant)

1. I confirm that to the best of my knowledge the information given in this form is correct. I confirm that the documentation I have supplied with my application is genuine, and I understand that the University will withdraw my application if any aspect of my application is found to have been falsified.

2. I acknowledge that Glasgow Caledonian University will accept no liability for my tuition fees or living expenses in the event of my admission.

3. I understand that a Matriculated student is required to abide by the regulations of Glasgow Caledonian University and to confirm with its Policies, Procedures, Ordinances and Regulations.

4. I understand that Glasgow Caledonian University's programmes are subject to a continuous process of review. The University reserves the right in every case at its discretion to vary the content of programmes or parts of programmes, to offer new programmes, to discontinue existing programmes and to cancel programmes in the event of low enrolments.

5. I agree that Glasgow Caledonian University may use my personal data in accordance with the University Data Protection Policy and the UK Data Protection Act 1998 and other applicable data protection law.

6. I understand that personal data provided within this application will be entered on to the University's computer records for the purpose of considering and managing my application. I understand that this information will be held securely and kept up to date, and I can ask the university to stop using this information by submitting a written request to do so.

International Applicants

7. I understand that the University works with partners to support international students during the application process. I understand that if I am represented by an Overseas Agent my information will be shared, and this may also involve my information being transferred outside the EU. For international students who are unsuccessful the University reserves the right to pass this application form to our appropriate partners for their consideration for a relevant pathway programme. I will inform Glasgow Caledonian University if I do not wish my information to be shared in this way.

I have read, understood and accept the terms of the above disclaimer, I hereby apply for enrolment and if accepted I agree to comply with the standard rules, regulations and ordinances of Glasgow Caledonian University.

Signature: _____ Date: _____

Please send your completed application form and supporting documents to:

Admissions and Enquiry Service, Glasgow Caledonian University,
Cowcaddens Road, Glasgow G4 0BA, Scotland, United Kingdom
Or email it to applications@gcu.ac.uk



SUPPLEMENTARY SHEET 2
Recognition and Management of the Acutely Unwell Adult
MMB721734

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Admission Number

School of Health

Recognition and Management of the Acutely Unwell Adult Module

Personal Details

Surname / Family Name	See page 2		
Forenames	See page 2		
Title (Mr/Mrs/Miss/Ms)	See page 2	Date of Birth (Day/Month/Year)	See page 2
UKCC / NMC PIN number			

Job Title:

Workplace Address:

Do you work on or contribute to a Hospital at Night team?	YES		NO	
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If you do not work on a Hospital at Night team, please explain your role

Individual staff prerequisites (please circle yes or no)

6 years post registration	YES		NO	Venepuncture	YES		NO
ALS qualification	YES		NO	Cannulation	YES		NO

Date achieved

Nurse prescribing (preferred)	YES		NO
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Basic undergraduate degree and / or evidence of recent successful study	YES		NO
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(please enclose a copy of certificates)

Clinical assessment skills	YES		NO
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What course did you undertake:

History Taking and Physical Examination M3B722014		
Advanced Clinical Examination NUR96 at Stirling University		
5-day Patient Assessment Workshop, PDUK		
3-day Clinical Hx taking and Physical Examination, M&K Update		
RCN approved Nurse Practitioner degree programme		
Other training		

please describe below (title of course, provider and length of course)

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Availability of support / mentoring	YES	NO
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(Please give brief outline)

Details of Designated Mentor / Supervisor

Name:	
Profession / Designation / Qualifications:	
Workplace address:	
Contact email address:	
Contact telephone number:	

Availability of appropriate post for the individual to return to, to practice and sustain their new skills

YES NO (please give brief detail)

Any additional information in support of this application?

Brief statement in support of application (to be completed by the candidate.

Continue on separate sheet if necessary)

I nominate the above candidate and guarantee that if successful the candidate will be supported by the service to undertake this course and that there will be a suitable post for him / her to return to in order to practice his / her newly acquired skills.

Signature of Hospital at Night Lead, Advanced Practice Lead or Nurse Director

Please forward an email from an appropriate person demonstrating support

A Curriculum Vitae should be submitted with this application

Applicant's curriculum vitae enclosed YES NO

Rehabilitation of Offenders' Act 1974 (Exceptions) Order 1975

Do you have any criminal convictions?

YES

NO

Details of any convictions must be given. Because of the nature of the work for which you are applying, this post is excepted from the provisions of Section 4(2) of the Rehabilitation of Offenders' Act 1974 by virtue of the Rehabilitation of Offenders' Act 1974 (Exceptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies. Please attach details on a separate sheet.

WORKPLACE SUPPORT

If you choose to undertake any practice-based modules, this may have implications for your workplace. This may include the appointment of a mentor and the achievement of clinical competencies. Please discuss this with your line manager or supervisor and obtain their support for this.

This has been discussed with me and I agree to support the applicant.

Name: (please print)

Signature:

Please forward an email from your line manager outlining workplace support

Ward / Clinical Area / Hospital:

Position:

Date:

Email address