



The University
Of Sheffield.

School of
Nursing and
Midwifery.

For Office Use:-

Authorisation for a NHS Yorkshire and the Humber/East Midlands funded place on a Postgraduate Professional Development programme.

Please ensure that this form is returned to the University of Sheffield at least five weeks before the start of your programme. If you are funded by NHS Yorkshire and The Humber or East Midlands you must obtain signed approval from your Trust LBR lead and your line manager. If your application is not authorised, it will be returned to you for completion. This delay may result in you losing your place on your chosen programme.

1. LIST PROGRAMME OR UNIT YOU ARE APPLYING FOR (PLEASE USE BLOCK CAPITALS)

Programme Code	Title	Number of academic credits	Start date

2. NHS CONFIRMATION OF SUPPORT

A) LINE MANAGER TO COMPLETE – I authorise the named applicant to attend the selected programme(s).
 Name (please print): _____ Position: _____
 Signature: _____ Date: DD/MM/YYYY _____

B) LBR LEAD TO COMPLETE – I confirm that this application is supported by the Trust named below.
 Name of Trust: _____
 Name (please print): _____ Position: _____
 Signature: _____ Date: DD/MM/YYYY _____

3. PERSONAL DETAILS

Family name/surname				
Forename		Title	Gender (M/F)	
Previous name			Date of birth	
Home address				
Postcode		Email		
Telephone (work)		Extension		
Mobile phone		Telephone (home)		
Professional group e.g. nurse (Adult), pharmacist, speech and language therapist etc				

Declaration

I hereby accept and agree to observe the Charter, Statutes, Ordinances and Regulations of the University of Sheffield, including those relating to health and safety, discipline, intellectual property rights and specific Safety Regulations of Departments and Divisions (available from Heads of Departments and Chairmen of Divisions).

Data Protection Act

I confirm that the personal data on this form is accurate and complete and I consent to it being processed by the University of Sheffield in accordance with its registration under the Data Protection Act 1998. I understand that this data will be used by the Higher Education Statistics Agency for statistical purposes, and by the NHS Yorkshire and The Humber for the purposes of recording professional awards and may be passed to the Council Tax Office of the local authority, and that the University may process my data for research purposes and market research. You should be aware that the information about your enrolment, attendance and progress at this establishment may be passed to the IND of the Home Office for purposes connected with immigration. I hereby give my consent to the processing of the sensitive personal data, as defined by the Data Protection Act 1998, which I have provided separately to assist the University in monitoring its equal opportunities policy and socio-economic trends. I agree to information and progression details be shared with my employing organisation and relevant Health Education commissioner.

Signed..... Date

PLEASE RETURN THIS COMPLETED FORM TO:

CPD Admissions, School of Nursing and Midwifery, The University of Sheffield, Barber House, 387 Glossop Road Sheffield, S10 2HQ

Email: hscpd@sheffield.ac.uk Tel: 0114 222 2030