

Application for Admission to a

**Post-Registration Course/Module**

**Please complete form to enable enrolment on Fundamentals in Practice module at UCLan**

**PLEASE HIGHLIGHT THE FIRST MODULE YOU WILL BE UNDERTAKING ON THE FELLOWSHIP PROGRAMME**

Fundamentals in General Practice 1

Fundamentals in General Practice 2

1. **Surname/Family Name 2. First Name(s)**
2. **Male/Female** **4. Title (Mr, Mrs, Miss, Ms, Other)**
3. **Previous Surname/Family Name**  **6. Date of Change**
4. **Date of Birth**
5. **Pin No.**  W**hich part of register** NMC
6. **Disability/Special Needs which might necessitate special arrangements or facilities**

(*Please refer to ‘Notes for Guidance’*)

**Please state code here:**

**Physical or other disability or medical condition which might necessitate special arrangements or facilities:**

1. **Country of Permanent Residence**  **11. Country of Birth** England
2. **Nationality**
3. **If born outside the UK -**

**Date of first entry to live in the UK** ............. **Residential category** .............

*(please refer to ‘Notes for Guidance’)*

1. **Home Address** (*Please complete in full*)

**Post Code**  **Tel. No**

1. **Workbase Address**

**Post Code**  **Tel. No**

1. **Preferred E-mail Address**
2. **Next of Kin**  **Relationship** **Contact No**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. **Have you previously attended a course at the University of Central Lancashire?**

*(Please click in the relevant box)*

**If YES - Please give details and course name and if possible University Registration Number**

**Registration No.** .............

*(This can be found on the back of your UCLan card)*

1. **Current Employment**

|  |  |  |
| --- | --- | --- |
| **Employer’s name, address and tel. no** | **Nature of work** | **Dates and number of hours worked** |
|  |  |  |

1. **Previous Employment**

|  |  |  |
| --- | --- | --- |
| **Employer’s name and address** | **Position** | **Dates** |
|  |  |  |

1. **Professional and Most Recent Academic Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Dates** | **Full or part-time** | **Details of qualifications gained** |
|  |  |  |   |

1. **Signature of Applicant Date**

**Please send form to:**

**Kay Turner** **kay.turner4@nhs.net**

and

**Lisa Broadley** **LKBroadley@uclan.ac.uk**

and

cpd@uclan.ac.uk