

Paediatric Neurodisability Diploma

Distance Learning Courses



Please return your completed forms to: scn-tr.PDDL@nhs.net

1 Your personal and contact details

Title		Gender	
Family name			
Other name(s)			
Date of birth		Previous surname	
Address	Home	Work	
Postcode			
Country			
E-mail			
Which is your preferred email address for us to contact you on?			

Telephone numbers

Preferred telephone number for us to contact you on (Please include full country and area code)
(We will always aim to contact you by email in the first instance, but occasionally may need to contact you by telephone)

Is this number home, mobile or work?

Professional details

Current Appointment	
Anticipated appointments during the period of the course	

2 Details of your proposed programme of study

Mode of study	<input type="checkbox"/> Full-time	<input checked="" type="checkbox"/> Part-time	<input checked="" type="checkbox"/> Distance learning	<input type="checkbox"/> other (please specify)
Which year are you applying to begin your study? (We currently accept one cohort of students per year in September)				

3 Nationality

Country of birth	
Nationality	
Home country or area of permanent residence	
Do you require a visitor visa for attending residentials? (if applicable)	
If yes, please supply a copy of your passport (front page and photo page)	

4 Disabilities and support needs	
Type of disability	
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Blind/ partially sighted
If you have chosen 'Other', please specify	
Please state any personal and/or support requirements which we need to be made aware of during this course.	

5 Education and Training
Please attach a CV detailing your career/experience (most recent first) and <u>ALL</u> relevant qualifications and training.

6 Membership of professional bodies			
Name and address of organisation	Type of membership	Dates of membership	
		From	To

7 English language ability		
Is English your first language?		(if yes, go to section 8)
IELTS English language qualification with a minimum overall score of 7 (or equivalent)		
Please attach copies of all certificates		
Awarding organisation	Award and course title	Results (including grade)
Date of award or expected award		
Was English the language of instruction for your first degree?		

8 Further information in support of application

Objective for joining the course: Please use the space below to state what your development objectives are for the next year or more and how this course will fit in; please provide this information in the form of a **300 word narrative**; you could include a copy of your personal development plan.

9 Financial Information	
Who is paying your fees?	
Contact name	
Company/ organisation	
Address	
Postcode	
Country	
PO Number (if applicable)	
E-mail address for invoice	
Telephone number (including full country and area code)	
10 Are you a BACD Member?	If yes, membership no:

11 Supporting letters			
11a All Applicants			
Letter of approval from a consultant working in a local Child Development Service who is willing to act as <u>clinical</u> supervisor. This person will help you arrange local visits, suggest people to talk to, give access to patients etc. This is essential if you are not working in a Child Development Service and advisable for all.			
This person will be (give name):			
Contact email address:			
11b Specialist Registrars		11c Consultants / SASGs	
Letter of support from your Educational Supervisor		Letter of support from a Consultant/Clinical Director. This is essential so that we know that you have support from your Trust and your colleagues	
This person will be (give name):		This person will be (give name):	
Contact email address:		Contact email address:	
11d Letter of Good Standing (Overseas students only)			
All overseas students are required to obtain a letter of good standing from their local authority and submit it with their application.			

12 Tutor
All students require a tutor during their time on the course. This person will offer at least one tutorial session per unit and formatively mark assessment tasks.
It is helpful if your tutor has completed the diploma themselves, so make enquiries within your local area. However, if you have someone else in mind who is willing to support you please provide their details.
Please note that your tutor must be approved by our Course Team. Please complete APPENDIX 1 at the end of this form.

13 Marketing information

Where did you first hear about the course?

Please indicate which sources of information you used:

If you have chosen 'Other' please give details

14 Equal opportunities monitoring

Ethnic origin

15 Declaration

I confirm that, to the best of my knowledge, the information given in this form is true, complete and accurate and no information requested, or other material information has been omitted.

**Applicant's
signature**

Date

Please send your completed application form, Appendix 1 form and supporting documents to:

Email: scn-tr.PDDL@nhs.net

Application checklist

Please ensure all information has been completed and all necessary supporting documentation are included before submitting your application:

- Completed application form
- Copy of CV
- Support letters (all students)
- Appendix 1 – tutor details (all students)
- Copy of proposed tutors CV (if applicable)

- Letter of good standing (overseas students only)
- English language certification (overseas students only)

Appendix 1

Paediatric Neurodisability Diploma Distance Learning Course

Details of Tutor

All students will need to have a designated tutor, expert in the field, who may be local or remote providing support by email, tailored to the individual student's situation and requirements.

Your suggested tutor must have tutored on the course before or completed the course themselves and be approved by the Course Team.

If you are aware of a possible suitable tutor, please ask them to sign and complete their details below.

Your details	
Name	
Work email	
Work address	
Have you completed the course?	If yes, please give dates and cohort
Do you have experience of tutoring on this course? If YES, please state how recent <i>If NO, please attach a CV or short summary of your career history in Paediatric Neurodisability</i>	
Please state your special interests	

Please print your full name and date to confirm the above information			
Name		Date	