

## Health-related courses module selection form

For continuing & former students

Student / Banner ID: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Birth: DAY / MONTH / YEAR  
 Signature: \_\_\_\_\_  
 \_\_\_\_\_

Mobile Tel No: \_\_\_\_\_  
 Daytime Tel No: \_\_\_\_\_  
 Home Tel No: \_\_\_\_\_  
 Clinical area of work: \_\_\_\_\_  
 Name of Hospital/Hospice/Health Centre  
 (be specific, including Town/City/Area): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NB: To confirm your programme of study please see over**

### COURSE/MODULE CHOICE

OFFICE USE ONLY			TRIMESTER (1, 2 OR 3)	MODULE CODE	MODULE TITLE	MODE (SEE KEY)	LOCATION (SEE KEY)	DAY/TIME (SEE KEY)
O	B	CRN						

IN THE EVENT OF YOUR CHOSEN MODULES BEING UNAVAILABLE, PLEASE INDICATE ALTERNATIVES:


**MODE:** D – Day, E – Evening, DL – Distance Learning **DAY/TIME** – eg Mon/9.30 am – 4.30 pm

**LOCATION:** A – Ayr, D – Dumfries, H – Hamilton, P – Paisley (for other locations, eg Ayrshire Hospice, please state)

Please indicate the number of modules you wish to study with us this academic session: \_\_\_\_\_

If you do not want to undertake any modules at the moment, but would like to be sent a copy of our forthcoming guide to courses when it is available, please tick here.

#### FOR OFFICE USE ONLY

Date application rcvd:	Banner No:	Passed to EGA:	Modules checked:
Prog title checked:	Program: NURSSTD / HNMSTND / MIDWSTD / other		
Campus: Ayr / Dumfries / Hamilton / Paisley		Field of study: NUST / INPS / MIDW	
Graduating: <b>Yes</b> – L9 LC LD LM / <b>No</b> – LZ			
Minor (if applicable): CACR / FMHL / NSGN / NSPC / PSIN / THIV / CMHL / ORTH / ADST			
Address ok?	CONT	Modules on	Hold?
Offer letter checked and sent:	Date	Initials	
Notes:			
Disability declared: Yes/No	Added to DB: Yes/No	Initials:	Date:

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Please indicate if you are studying any other modules/courses this academic session:

at the University  at another institution (which institution?)

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Title of module/course:

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Please indicate which qualification you are working towards:

- |   |  |
|---|--|
| <input type="checkbox"/> BSc Inter Professional Studies                                 | <input type="checkbox"/> BSc Nursing Studies                             |
| <input type="checkbox"/> BSc Inter Professional Studies with Alcohol & Drug Studies     | <input type="checkbox"/> BSc Nursing Studies with Community Health       |
| <input type="checkbox"/> BSc Inter Professional Studies with Cancer Care                | <input type="checkbox"/> BSc Nursing Studies with Orthopaedic Nursing    |
| <input type="checkbox"/> BSc Inter Professional Studies with Forensic Mental Health     |  |
| <input type="checkbox"/> BSc Inter Professional Studies with Gerontology                | <input type="checkbox"/> BSc Midwifery Studies                           |
| <input type="checkbox"/> BSc Inter Professional Studies with Palliative Care            |  |
| <input type="checkbox"/> BSc Inter Professional Studies with Psychosocial Interventions | <input type="checkbox"/> Stand-alone/Continuing Professional Development |
| <input type="checkbox"/> BSc Inter Professional Studies with Therapeutic Interventions  | <input type="checkbox"/> Other _____                                     |
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Do you intend to exit with a University award this session? Yes  No

If you have a disability that requires support, please indicate below (by circling the appropriate character) and complete the enclosed disability declaration form. If not enclosed this form can be completed and submitted online at [www.uws.ac.uk/enablingsupportrequest](http://www.uws.ac.uk/enablingsupportrequest) or requested via telephone on 0141 848 3518.

No known disability	0
You have a specific learning difficulty (for example, dyslexia)	1
You are blind/partially sighted	2
You are deaf/have hearing impairment	3
You are a wheelchair user/have mobility difficulties	4
You require personal care support (please specify below)	5
You have mental health difficulties	6
You have an unseen disability, eg diabetes, epilepsy, asthma, or a heart condition	7
You have multiple disabilities	8
You have a disability not listed above	9
You have Autistic Spectrum Disorder	T

Please provide details of any special or extra facilities or support you may require below:

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Do you have any difficulty ascending or descending stairs? YES / NO (please circle)  
If yes, you will be contacted to discuss evacuation procedures.

NB: LATE APPLICATIONS MAY RESULT IN A DELAY IN THE PROVISION OF APPROPRIATE SUPPORT.

## Need help making your choice?

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For further information or educational guidance please contact us on:

Tel: 0141 848 3656 (Paisley)

e-mail: [hnsu@uws.ac.uk](mailto:hnsu@uws.ac.uk)

## Returning your completed application form

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Please return your form to:

Lifelong Learning Academy  
University of the West of Scotland  
Paisley Campus  
Paisley PA1 2BE  
Scotland, UK