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| **NURS 09155 Clinical Assessment** |

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| **Section 1: Applicant** |

This section should be completed in full by the applicant

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| **Applicant Details** | | |
| **Name** | **Professional Regulator**  **(NMC/HCPC)** | **Professional Registration Number/PIN** |
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| **Job Title** | | |
|  | | |
| **Work Address** | | |
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| **Telephone (Work/mobile)** | **Email (work)** | |
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| **Applicant’s Signature** |  | |

*Where an electronic signature is not available, uploading this form to your UWS Online application will constitute acceptance of the above declarations*

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| **Have you previously undertaken any other Assessment course** | Yes  ☐ | No  ☐ | If Yes, please state where and date: Click or tap here to enter text. |

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| **Qualifications** | |
| **Evidence of ability to study at level applied for, please select one**  *(evidence must be uploaded to online application)* | ☐ Completion of previous level 9 module |
| ☐ Undergraduate degree |
| ☐ Other ***(only if agreed by UWS Module Coordinator prior to application)*** |

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| **Section 2: Supervision** |

This module requires a minimum of 50 hours of supervised/unsupervised learning in practice within the applicant’s own clinical area. All applicants require a Clinical Supervisor to oversee the students learning and ensure competence/safety.

This section should be completed by the supervisor(s) ***(applications will not be considered unless supervisor details and declarations are completed in full)***

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| **Clinical Supervisor Details** | | |
| **Name** | **Professional regulator (NMC/HCPC/ GMC/GPhC)** | **PIN/Registration number** |
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| **Job Title** | | |
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| **Work Address** | | |
|  | | |
| **Telephone (Work/mobile)** | **Email (work)** | |
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It is important that any application is supported by the applicant’s employer, therefore this section must be completed by these individuals ***(applications will not be considered unless line manager details and declarations are completed in full).***

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| **Line Manager Details** | |
| **Name** | |
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| **Job Title** | |
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| **Work Address** | |
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| **Telephone (Work/mobile)** | **Email (work)** |
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| **Line Manager Declarations** | **X to confirm** |
| I can confirm that the applicant will be working in an area where they will be able to undertake clinical assessment skills as part of their role. |  |
| I can confirm the applicant has Clinical Supervision support to undertake this role. |  |
| I can confirm the applicant has the necessary clinical expertise to take on additional clinical assessment responsibilities. |  |
| I can confirm the applicant will be provided with protected learning time, including a recommended 50hrs to consolidate learning theory in clinical practice. |  |
| **Line Manager Signature:** | |

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| **Section 4: Application** |

When this application form has been **completed in full,** it must be uploaded to the UWS online application system along with the required supporting evidence, by the application deadline (this date is available on the UWS website and in the accompanying module information).

**If any part of the application is incomplete, it will be returned to the applicant. Failure to complete and submit by the application deadline may result in a failure to guarantee a place on the course. We are unable to consider your application until we receive ALL the required information.**

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| **UWS Online Application Instructions** |

1. Go to [Apply | UWS | University of the West of Scotland](https://apply.uws.ac.uk/BANProd/zoadm_online_app.p_select_app)
2. Scroll down to *programme name* field and enter *Clinical Assessment*, then click **search** (leave other fields blank)
3. Select **Clinical Assessment L9**
4. Click *Apply*
5. Follow on-screen instructions to complete all sections
6. Ensure all documents in checklist below are uploaded
   1. This Additional Information proforma completed and signed by your Line Manager
   2. Academic Qualification (with Professional Registration) &/OR evidence of academic study at minimum SCQF level 9
   3. Statement of Purpose outlining why you wish to undertake this module