

ACCREDITED SHORT COURSE APPLICATION FORM

PLEASE READ THE ACCOMPANYING *NOTES OF GUIDANCE FOR APPLICANTS* AND THEN COMPLETE THE APPLICATION FORM CLEARLY AND LEGIBLY IN BLOCK CAPITALS WITH BLACK INK.

FEE ELIGIBILITY (OFFICE USE ONLY)

Y / N INIT

COURSE NAME:		DATES:	
1. DO YOU INTEND TO TAKE THE COURSE FOR CREDIT? (See Notes) Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. FAMILY NAME		3. TITLE (Mr, Mrs, Ms, Miss etc.)	
4. FIRST NAME		5. GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
6. MIDDLE NAME(S)		7. DATE OF BIRTH: day __ / month __ / year ____	
8. PREFERRED NAME		9. PREVIOUS NAME (if applicable)	
10. HOME ADDRESS POSTAL/ZIP CODE: COUNTRY:		11. CORRESPONDENCE ADDRESS (if different) POSTAL/ZIP CODE: COUNTRY:	
12. EMPLOYER:		13. PRESENT POST:	
14. TELEPHONE (if you give more than one, please designate a primary contact number)			
TYPE (mobile/cell phone, daytime, evening, fax)	COUNTRY CODE (if outside UK)	AREA CODE	NUMBER
15. EMAIL (if you give more than one, please designate a primary address)			

16. COUNTRY OF NATIONALITY as specified on your passport (Please give effective dates, if you have not been a national of a given country since birth)

17. COUNTRY OF BIRTH (if different from nationality)

18. COUNTRY OF LEGAL PERMANENT RESIDENCE FOR THE LAST SIX YEARS.

This will be the country in which you normally reside, not the country in which you are currently studying
You **must** refer to the Notes of Guidance for advice before completing this section.

COUNTRY

from (dd/mm/yyyy)

to (dd/mm/yyyy)

If you are not a UK citizen but currently living in the UK, do you have indefinite leave to remain? YES NO

19. ENGLISH LANGUAGE

Is English your first language? YES NO (If 'no' please refer to the advice given below)

If you have a working knowledge of languages other than English, please specify, and state the level of your competence:

If English is not your first language, you will need to submit proof of your proficiency. Original certification, in IELTS, TOEFL or the Cambridge CPE, should be provided from within the last 2 years. The requirement to provide documentary proof of proficiency in English may be waived, at the discretion of the University, in cases where a candidate has successfully completed a programme of study at a recognised institution where the medium of instruction was English or for other similar reasons. If you wish to apply for a waiver of the normal requirement, you should include a letter with your application outlining the reasons why you should be exempted from the requirement.

You **must** refer to the Notes of Guidance for advice before completing this section (Section 19).

Please enter details about any relevant tests that you have taken (i.e. IELTS, TOEFL, Cambridge CPE, GRE and GMAT)

Test type	Date taken	Overall result	Constituent scores where given, e.g. TOEFL

20. SKILLS (See Notes)

Please state whether, and how often, you use the following:

	Never used	Occasionally used	Frequently used
E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medline/other health-related databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. STATEMENTS BY THE APPLICANT (See Notes)

Please give reasons why you wish to register on this course.

22. WORK-BASED HEALTH PROBLEMS

Please specify a work-based health problem which you intend to bring with you to the course and about which you will be seeking evidence. Also give your reasons for wanting to research this question.

23. REFERENCE

Referee contact details to be provided only if you intend to take this course for credit (See Notes).

Please provide the name of a referee in your workplace and forward the reference form provided.

Name:

Address:

Position:

Tel no:

Email:

24. PAYMENT AUTHORISATION (See Notes)

Please give details of person authorising booking (if applicable)

If this is a private, individual booking which is not being paid by your company/organisation please tick here

Name : Job title/position:

Address (if different from work address above):

Email: Tel no:

Signature: Date:

25. PAYMENT OPTIONS (See Notes)

Your application will not be considered if this section is not completed; payment must be received in full before the first day of the course.

Course Fee:

Please indicate method of payment below:

- 1) BACS: see payment information page
- 2) Cheque enclosed payable to "OUDCE" in pounds sterling
- 3) Credit Card: please complete the Card Authorisation Form
- 4) Organisation purchase order

Please insert number of order

An invoice will be sent to you – tick relevant box

- Use correspondence address above (stating section 10 or 11)
- Use address on purchase order
- Enter address below if different from above

Address:

Postcode:

26. SUPPORTING MATERIALS (See Notes)

	Enclosed	Not required
Current CV	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of proficiency in English	<input type="checkbox"/>	<input type="checkbox"/>

Other Information (HESA)

The Higher Education Statistics Agency (HESA) uses some of the information on this form for statistical analysis as a condition of funding for the University. HESA is registered under the Data Protection Act. The personal information you give will not affect your application, and will only be sent to HESA if your application is successful.

TITLE	FIRST NAMES	FAMILY NAME

28. HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN:

- | | | |
|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Other Black background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Other Asian background |
| <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Mixed - White & Black Caribbean |
| <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Mixed - White & Black |
| <input type="checkbox"/> Mixed White & Asian | <input type="checkbox"/> Other Mixed background | <input type="checkbox"/> Other Ethnic Background |
| <input type="checkbox"/> Not known | <input type="checkbox"/> Prefer not to say | |

29. DISABILITY (See Notes)

Do you have a disability or other special needs? YES / NO

If YES, please indicate from the list of statements below which is most appropriate to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Blind / partially sighted | <input type="checkbox"/> Mental health difficulties | <input type="checkbox"/> Personal care support |
| <input type="checkbox"/> Deaf / hearing impairment | <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> A disability not listed |
| <input type="checkbox"/> Wheelchair user/mobility difficulties | <input type="checkbox"/> Autistic spectrum disorder | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> An unseen disability e.g. asthma, diabetes, epilepsy | <input type="checkbox"/> A specific learning difficulty e.g. dyslexia | <input type="checkbox"/> Not known |

Applications from students with disabilities are viewed on exactly the same academic grounds as those from other candidates. Information on facilities for people with disabilities may be obtained from the Department Student Advisor, Tel +44 (0)1865 280355 or email registry@conted.ox.ac.uk

30. QUALIFICATIONS – Formal education achieved (please tick all relevant boxes).

The applicant should complete this section as fully and accurately as possible, and be aware that it may affect University funding.

- | | |
|---|---|
| <input type="checkbox"/> GCSE/ O levels/ School Certificate | <input type="checkbox"/> Postgraduate degree: UK EU other |
| <input type="checkbox"/> A levels/ Higher School Certificate | <input type="checkbox"/> Master's |
| <input type="checkbox"/> Undergraduate Certificate in Education | <input type="checkbox"/> PhD/ DPhil |
| <input type="checkbox"/> First degree: <input type="checkbox"/> UK <input type="checkbox"/> EU <input type="checkbox"/> other | <input type="checkbox"/> Professional qualification: |
| <input type="checkbox"/> Postgraduate Certificate in Education | <input type="checkbox"/> Undergraduate level |
| <input type="checkbox"/> Postgraduate Certificate/ Diploma | <input type="checkbox"/> Postgraduate level |
| <input type="checkbox"/> Other (please state): | |

Have you previously taken any courses at the University of Oxford (including the Oxford University Department for Continuing Education)? YES NO

If yes, please give details below (please continue on a separate sheet if necessary):

Name of course(s) Date studied

31. HOW DID YOU HEAR ABOUT THE PROGRAMME?

(Please tick the ONE box that best describes how you first heard about the Programme. This helps us keep down the costs of promotion and therefore of course fees.)

In Print

- An advert in a newspaper or magazine
- The Continuing Education Newspaper
- The Continuing Education Annual Prospectus
- The day and weekend events brochure
- Course brochure/leaflet.

Which title.....

Please specify:

On a leaflet, flier, brochure, or postcard found in:

- A library or museum
- Continuing Education premises
- A direct mailing
- A magazine
- Conference pack insert
- Other.

Please specify:

Please specify:

Online:

- The University of Oxford website
- A search engine
- A banner advert
- Linked from another website.

Which website?

Via email from:

- Continuing Education
- Other.

Who sent it?

Other:

- Friend / recommendation / referral
- Conference / event / open day
- Visit by a Programme/Department representative
- Other.

Please specify:

Please specify:

32. DATA PROTECTION / DECLARATION

Information collected on this form will be held in accordance with the provisions of the Data Protection Act 1998 for the purposes of processing your application and for student administration. It will be held securely and not passed on to third parties (please see our privacy policy: <http://www.admin.ox.ac.uk/councilsec/privacy.shtml> for further information).

Periodically, the Department may send you information about its future programmes, about other activities related to its programmes and about the benefits and services which are available to students of the Department. If you do not wish to receive such information, please tick the following boxes:

I do not wish to receive information on future courses by mail

I do not wish to receive information on future courses by email

I hereby grant to the Department for Continuing Education and Oxford University the right and permission to take, hold, use, and publish photographs and video recordings in which I appear in printed or electronic media, including the internet, for advertising and promoting educational activities. I understand that if I no longer want a photograph in which I appear to be used, I can contact cpd@conted.ox.ac.uk to request that it be removed. However, I accept that it might not always be possible to remove all existing copies from circulation.

Please tick this box if you do not wish photographs and video recordings of you to be used as described above.

I confirm that the information I have given in this application is, to the best of my knowledge, complete and accurate and that I have read and understood the Terms and Conditions associated with the course.

SIGNATURE:

DATE:

(PLEASE PRINT NAME):

Notes of guidance for applications for accredited short courses

Please read before you apply

I. How to Apply

All applicants should complete the Application Form and return it together with the required supporting materials to:

Course Administrator, Health Sciences Portfolio, Continuing Professional Development Centre, Department for Continuing Education, Suite 1, Littlegate House, 16-17 St Ebbs Street, Oxford OX1 1PT.

Places on the course will be limited, so early application is strongly recommended. Please note that applications can only be considered after an Application Form together with payment, or signed purchase order, have been received. If you have any further questions about application or filling in the form please contact the Health Sciences Portfolio Administrator on Tel: +44 (0) 1865 286941, Fax: +44 (0) 1865 286934 or [Email: cpdhealth@conted.ox.ac.uk](mailto:cpdhealth@conted.ox.ac.uk).

II. Eligibility requirements

To apply for the course you should

- be a graduate or have successfully completed a professional training course;
- have experience in a health-related field;
- be able to bring to the proposed course specific work-based health problems;
- be able to combine intensive classroom learning with the application of the principles and practices within the workplace.

III. Completing your application form

SECTION 1. TAKING THE COURSE FOR CREDIT

For those wishing to earn academic credit the course has assessed work, which must be completed and submitted for marking. Students who attend at least 75% of the course and successfully complete the assessed work are eligible to earn credit equivalent to 15 or 20 M level CATS points, depending on the course, which may be counted towards a postgraduate qualification.

SECTION 16. NATIONALITY

Please state the nationality (as stated on your passport, if you have one) that best describes your circumstances. N.B. Please do not enter "Irish" unless you are a citizen of the Republic of Ireland.

SECTION 18. COUNTRY OF LEGAL PERMANENT RESIDENCE

This is the country where you have been living for the past 6 years, providing that the main purpose of living in the country was not to study. If you have lived in more than one country in the last six years, please give full details and dates.

If you are an international student and are not clear on your status, the Student Funding and International Office may be able to help you: www.admin.ox.ac.uk/io/

SECTION 19. ENGLISH AS A SECOND LANGUAGE

English is the language of instruction and students whose native tongue is not English must be sufficiently fluent in English to enable them to work without disadvantage. If your first language is not English, or if your first language is English but you are not a national of the UK, Ireland or a majority English-speaking country recognised by the UKBA, you must supply suitable evidence that you have reached the higher level of English proficiency before any offer of a place can be confirmed. Further details can be found on the University of Oxford website: www.ox.ac.uk/admissions/postgraduate_courses/apply/international_students.html.

SECTION 20. COMPUTING SKILLS

It is essential that you have ready access to a computer and to the Internet. It is also important that you have basic computing skills. Most assessed work must be submitted electronically. If you have never used the computing functions listed in this section, we recommend that you obtain training before coming onto the course.

SECTION 21. STATEMENTS BY THE APPLICANT

The course enables students to combine formal learning with the application of principles and practices within the workplace. Students must be able to participate in group discussion and will need to bring a work-based problem that can be considered with other course participants.

SECTION 23. REFERENCE (see Appendix)

If you are intending to take the course for credit you should arrange to have a confidential reference sent directly to the Course Administrator. The referee should normally be your employer - or someone representing your employer - who can confirm your suitability in terms of employment experience. Please enter your full name, the title of the course and its start date in Section 1 of the Reference Form, then send the form to the referee you have named on your application form, with a request that she/he send a confidential reference on your behalf direct to the Department for Continuing Education at the address given.

SECTION 24. PAYMENT AUTHORISATION

All applications funded by an organisation must have this section signed by a person within the organisation authorised to enter into contracts on its behalf.

SECTION 25. PAYMENT OPTIONS

Your ability to finance your study is not one of the criteria for academic acceptance; however, applications can only be considered if they have this section completed in full. If places on the course are available it is possible to provisionally reserve a place, however your application can only be fully considered when an application form is supplied complete with payment. Please note that no credit card payments are processed until a student has been accepted onto the course. You should read the Terms and Conditions relating to the course, which are available on the course website.

SECTION 26. SUPPORTING MATERIALS

A number of items of supporting material, described below, are required in addition to your application form. Your application cannot be considered without these materials, and they should, therefore, be submitted with your application form wherever possible to avoid delays. Please read the following notes carefully to ensure that you understand what additional material is required in your case. You should indicate in section 19 of the application form which items you are enclosing, and which, if any, are not required in your case. Please note that supporting material cannot be returned and you should therefore only submit copies of any original material.

- **Current CV**

This should list work experience, with dates of employment. If you have part-time experience, please list the proportion of time employed for each position (0.2, 0.5 FTE etc). It should also include higher education details, including awarding institution details and dates of attendance at university or recognised training courses. Please note that you are eligible to apply if you have an academic degree or equivalent training in a health-related field. A formal academic qualification is not a prerequisite of acceptance if you can demonstrate that you have recognised training in your field. ***If you are applying for Essential Medical Statistics please give full details of your previous statistics experience.***

- **Certificate of proficiency in English**

If English is not your first language, you must include a certificate of English Language qualification.

SECTION 29. DISABILITY

Applications from students with disabilities are viewed on exactly the same academic grounds as those from other candidates.

The University is committed to making arrangements to enable those with disabilities to participate as fully as possible in student life, and it is, therefore, helpful to know in advance about the nature and degree of an applicant's disability, or of his or her particular needs. The information requested in this section of the application form will also allow the University to make decisions about provision for those with disabilities, and the monitoring of participation rates by particular groups of people locally and nationally.

SECTION 32. DECLARATION

The information collected here will form the basis of your individual entry in the records of the Central University Administration and will be held for the purposes of student administration, subject to the provisions of the Data Protection Act 1998. We are obliged by law to make annual returns to the Higher Education Statistics Agency (HESA) for each student and the information will be used for that purpose also. HESA regulations state that they will only use data for statistical purposes and will not identify any individual to a third party.

IV. Consideration of applications

Applications will be reviewed by the programme management to determine whether you meet the eligibility requirements for admission. We may contact you to discuss the course and your previous experience.

Reference Form

To the referee:

- The applicant named below is applying to take a short course accredited by the University of Oxford, and is asking you to act as a referee. I would be very grateful if you would let me have your comments on this candidate's academic ability and general suitability for the proposed course of study. If you have knowledge of the candidate's past academic work it would be helpful if you would indicate the level attained. Your comments will be treated in confidence by the University (subject to Data Protection legislation).
- Please use Section 2 below for your comments, or if you prefer to use your own institution's notepaper, please attach this form to the front of your reference.
- Please send your reference direct to the Course Administrator, Health Sciences Portfolio, Continuing Professional Development Centre, Department for Continuing Education, Suite 1, Littlegate House, 16-17 St Ebbes Street, Oxford OX1 1PT.

May I thank you in advance for your help.

Portfolio Manager
Health Sciences (Tel: 01865 286941, Fax: 01865 286934)

1. APPLICANT DETAILS *(to be completed by the applicant)*

Name of applicant:.....

Course applied for:.....

Proposed start date:

2. REFERENCE *(to be completed by referee - in confidence, to Data Protection legislation)*

Signature:

Date:

Name (in block letters):

Position:

Institution:

Card Authorisation Form

Fax to: +44 (0)1865 286934

Mail to: Continuing Professional Development Centre, Suite 1, 16/17 St Ebbes Street, Oxford, OX1 1PT, UK

Never email credit card details

Student name:			
Course name:		Course dates:	
Invoice number (if known):		Invoice date:	

Amount:	£
Amount in words:	
Cardholder's name:	
Address:	
Postcode:	
Cardholder's tel no:	

Please debit my account with the above transaction.

Cardholder's signature	
-------------------------------	--

The following cards are accepted, please tick one box:

Maestro
 Visa
 Electron
 Visa debit
 Mastercard

<div style="display: flex; justify-content: space-between;"> Card number (18-digit cards) </div>	<div style="display: flex; justify-content: space-between;"> Expiry date Issue no. (if applies) </div>
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>

CVC no. (usually 3 digits on back of card)

Payment methods

- Please refer to the *Terms and Conditions* on your course web page. A minimum fee must be received before we can confirm enrolment.
- Always give us your invoice number when sending a payment or contacting us about payments; if you are waiting for an invoice, include your name and the course title instead.

Pay online (credit/debit card)

For some courses you can enrol immediately and pay online; for others you can pay an existing invoice online. Just follow the link from the course web page or follow the instructions on your invoice.

Pay by credit/ debit card

Credit/ debit cards accepted: Visa, Mastercard, Maestro, Visa Electron or Visa Debit We cannot accept any other cards.

- Phone us with your card details: +44 (0)1865 286960
OR
- Complete your card details on the application form or by filling in the card authorisation form (next page), and either fax or mail it to us (contact details below).

Never email credit card details; doing so will be at your own risk.

Pay by cheque

Make your cheque payable to "OUDCE" in pounds sterling and send it to our address below. Until your cheque has cleared, your enrolment will remain provisional. Cheques must be received **at least four weeks before the course starts**. We will acknowledge receipt of your cheque, and then confirm your enrolment when it has cleared.

Pay by bank transfer (BACS)

Transfer the full fee plus any bank charges. Until we have identified your bank transfer in our account, your enrolment will remain provisional. Bank transfers must be arranged **at least six weeks before the course starts**.

Bank: Barclays Bank plc, 54 Cornmarket Street, Oxford OX1 3HB UK

Account name: University of Oxford CPD Receipts Account

Account no: 30103489

Sort code: 20-65-20

Swift code: BARC GB 22

Please send us any information you have relating to your bank transfer, such as a reference number, amount, name of bank and transfer date; this will help us to process your application more quickly.

Contact details

Address: Continuing Professional Development Centre, University of Oxford
Suite 1 Littlegate House, 16/17 St Ebbes Street
Oxford, OX1 1PT, UK

Tel: +44 (0)1865 286960

Fax: +44 (0)1865 286934

Email: cpd@conted.ox.ac.uk

Web: www.cpd.ox.ac.uk

VAT reg.: GB195275334