



**APPLICATION FORM for SHSC Education courses**  
funded by Health Education Yorkshire and Humber  
Specialist Skills Post Registration Development (SSPRD) Funding 2017/18  
(formally known as Learning Beyond Registration (LBR))

\* Please complete ALL sections of this application form

**NHS TRUST CONFIRMATION OF SUPPORT**

If you submit your application without the required authorisation it will be returned to you for completion.  
Funding is allocated on a first come first served basis, and confirmed by the Course Leader following completion of the application/interview process.

**LINE MANAGER TO COMPLETE:**

I authorise the named applicant to attend the SHSC Education module(s) or course(s) selected:

**Name of Line Manager**(please print):

**Designation:**

**Full Name of Trust** (please print):

**Department/Team Address** (please print):

**Signature:**

**Date:**

**SSPRD LEAD TO COMPLETE:**

I confirm that this application is supported by the Trust/NHS Partner Organisation named below:

**Full Name of Trust/NHS Partner Organisation** (please print):

**Name of SSPRD Lead**(please print):

**Designation:**

**Signature:**

**Date:**

**APPLICANT TO COMPLETE:**

1	<b>Title (eg Mr, Ms, Dr)</b>	<b>DOB :</b>	<b>Sex (M/F)</b>
	<b>Family Name :</b>	<b>Previous Surname:</b>	
	<b>First Name(s) :</b>		
	<b>Home Address:</b>	<b>Work Address:</b>	
	<b>Home Tel No:</b>		
	<b>Mobile Tel No:</b>		
	<b>Work Tel No:</b>		
	<b>Email Address :</b>		

2 PLEASE TICK THE COURSE FOR WHICH YOU ARE APPLYING:

Cognitive Behavioural Psychotherapy Courses	Credits	Level	Start date	Tick
Introduction to Cognitive Behavioural Psychotherapy E-Learning Module			Oct / Nov 2018	
Post Graduate Diploma in Cognitive Behavioural Psychotherapy - Year 1	60	7	Sept 2018	
Post Graduate Diploma in Cognitive Behavioural Psychotherapy - Year 2	60	7	Sept 2018	
Acceptance and Mindfulness-based Approaches to Psychotherapy – Module 1	30	7	Jan 2019	
Clinical Applications of Acceptance and Mindfulness-based Approaches to Psychotherapy – Module 2 (Subject to approval)	30	7	Jan 2018	

Recovery and PSI Unit Courses	Credits	Level	Start date	Tick
Postgraduate Certificate – Recovery in Mental Health [Year 1]	60	7	September 2017	
Postgraduate Diploma – Recovery in Mental Health [Year 2]	60	7	September 2017	
Recovery & Value Based Practice – 5 day course			11, 18, 25 May & 8, 15 June 2017	
Recovery & Value Based Practice – 5 day course			9, 16, 23, 30 Nov & 7 Dec 2017	
Recovery & Mental Health on-line E-Learning Module			Ongoing	
Recovery Focussed Family Work – 5 Day Short Course			8, 15 Feb & 1, 8, 12 March 2018	
Mental Health Awareness – on-line			Ongoing	
Maastricht Interview – Workshop 1			10, 11 & 12 Oct 2017	
Maastricht Interview – Workshop 2			6, 7 & 8 Nov 2017	
Solution Focussed Workshop			5 <sup>th</sup> & 6 <sup>th</sup> June 2017	
Solution Focused Workshop			5 <sup>th</sup> & 6 <sup>th</sup> February 2018	
Maastricht Interview – Workshop 1			5, 6 & 7 March 2018	
Maastricht Interview – Workshop 2			19, 20 & 22 <sup>nd</sup> March 2018	

For queries regarding our SHSC Education courses please contact the relevant Administrator and Course Leader:

Recovery Education Unit

Recovery Education Unit Course Administrator:  
Course Leader:

Lynne Walker: Tel. 0114 2263068  
Emma Highfield [emma.highfield@shsc.nhs.uk](mailto:emma.highfield@shsc.nhs.uk)

**Cognitive Behavioural Psychotherapy**

CBT Course Administrator:  
Course Leaders:

Amanda Smallwood: Tel. 0114 271 8687  
Annie Mason: [ann-marie.mason@shsc.nhs.uk](mailto:ann-marie.mason@shsc.nhs.uk)  
Jenny Darling: [jennifer.darling@shsc.nhs.uk](mailto:jennifer.darling@shsc.nhs.uk)

**3 Have you been a student at SHSC Education before?**

Yes  No

**If so, please state details of last course/Term/Year:**

---

**4 ACADEMIC AND PROFESSIONAL QUALIFICATIONS AND CREDIT. This information will be used to assess your suitability for the course for which you are seeking funding.**

<b>Examining Body</b> (Organisation responsible for your qualification)	<b>Subject</b> (eg. Nursing, Occupational Therapy etc)	<b>Type</b> (e.g. Advanced Dip., BA, Credit only – state credit gained)	<b>Professional Qualification</b> (e.g. RGN, RMN etc. where relevant)	<b>Year</b> (of award)

**5 Professional Body Registration:**

Registration Number: ..... Expiry Date: .....

Professional Group (eg. Physio, OT, etc) : .....

**6 EMPLOYMENT (last 5 years) Please state your present post first**

<b>EMPLOYMENT</b>			<b>Dates (Year)</b>	
<b>Post held</b>	<b>Specialty</b>	<b>Place of Work + Address</b>	<b>From</b>	<b>To</b>

**7 FURTHER INFORMATION**

Please give further information in support of your application. Include anticipated relevance of the course to your own clinical practice and development you have already taken, highlighting relevant work experience.

(Please continue on separate sheet if necessary)

**8 References**

Please supply the name, address, telephone number and email of two appropriate referees. (such as your manager, clinical educator or an academic referee.) Take up of references may vary from course to course

1.	2.
----	----

**9. PLEASE INDICATE ANY DISABILITIES AND SUPPORT NEEDS:**

- Dyslexia                       Blind/partially sighted                       Wheelchair user/mobility difficulty
- Deaf/hearing impairment                       Mental health difficulty                       Multiple difficulties
- Personal Care Support                       Autistic spectrum disorder/Asperger syndrome
- Hidden disabilities (diabetes, epilepsy, asthma etc) Please specify: \_\_\_\_\_

Nature of support required: \_\_\_\_\_

**10. EQUAL OPPORTUNITIES MONITORING**

<p><b>Ethnic origin</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> White  <input type="checkbox"/> Black Caribbean  <input type="checkbox"/> Black African  <input type="checkbox"/> Black Other  <input type="checkbox"/> Indian                 </td> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> Pakistani  <input type="checkbox"/> Bangladeshi  <input type="checkbox"/> Chinese  <input type="checkbox"/> Asian Other  <input type="checkbox"/> Other                 </td> </tr> </table> <p style="margin-top: 5px;">Please specify:</p>		<input type="checkbox"/> White <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black Other <input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Asian Other <input type="checkbox"/> Other
<input type="checkbox"/> White <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black Other <input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Asian Other <input type="checkbox"/> Other		
<b>Religion</b>	<b>Number of Dependents</b>		

**11 Criminal Convictions** The University needs to know whether you have a conviction for an offence against the person, which is of a violent or sexual nature; or, a conviction for an offence involving unlawfully supplying controlled drugs or substances, where the conviction concerns criminal drug dealing or trafficking. If you have such a conviction, please mark the 'Yes' box with an X. Your conviction will not affect the academic consideration of your application.

**Do you have any relevant criminal convictions ?**                       Yes                       No

**12 DECLARATION**  
**I confirm that, to the best of my knowledge, the information given on this SHSC Education application form is correct and complete.**

**I agree to the disclosure of my data to my named sponsor.**

**Applicant's Name** (please print).....

**Applicant's Signature** .....

**Date** .....

**Please ensure this form is fully authorised on the front page and returned to the address below.**

**Please return this form to:**

*Andy Algar – Professional Education Training & Development Lead  
 c/o Lynne Walker,  
 Recovery Education Unit  
 Fulwood House  
 Old Fulwood Road  
 Sheffield S10 3TH*

<i>For SHSC Use Only</i>	<i>Application # :</i>	<i>Course Fee Total :</i>
<i>Date Application Received :</i>		
<i>Date Application sent to course leader:</i>		