

Application for CPD programmes and courses

This form should **ONLY** be used for CPD programmes and courses **DO NOT USE FOR STUDY DAYS**

Please complete using **CAPITAL** letters

PERSONAL DETAILS

Title (Mr, Mrs, Miss, Ms)

First name(s)

Surname (family name)

Address

.....

.....

..... Postcode

Home telephone number

Mobile telephone number

Work telephone number

E-mail

Programme applied for

If associate or other programme, please state

.....

Course(s) applied for

	Title	Code
1.
2.
3.
4.

(If you have applied for more than four courses, please continue on back page)

Have you attended the University of Greenwich before?
Yes/No

If yes, please state ID number, if known

.....

MODE Part-time Distance only

INFORMATION REQUIRED BY THE HIGHER EDUCATION STATISTICS AGENCY

Date of birth (dd/mm/yyyy)/...../..... Male Female Nationality

Have you ever lived outside the European Union? Yes No

Ethnic origin Country of birth

Please use codes below

- | | | | |
|--------------------|-------------------------------|------------------------------|-------------------------------|
| White | Asian or Asian British | Mixed | Black or Black British |
| 11 British | 31 Indian | 41 White and Black Caribbean | 21 Caribbean |
| 12 Irish | 32 Pakistani | 42 White and Black African | 22 African |
| 14 Irish Traveller | 33 Bangladeshi | 43 White and Asian | 29 Other Black |
| 19 Other White | 34 Chinese | 49 Other mixed | |
| | 39 Other Asian | | |

80 other ethnic background

if you have used **any** "other" ethnic background, i.e. codes 19, 29, 39 or 80, please describe your ethnic background in the space above

Disability Please indicate using one of the codes shown below

- | | | |
|------------------------------|---|--|
| 0 No disability | 1 Dyslexia | 2 Blind/partially sighted |
| 3 Deaf/hearing impairment | 4 Wheelchair user/mobility difficulties | T Autistic spectrum disorder/
Asperger syndrome |
| 6 Mental health difficulties | 7 Unseen disability (e.g. epilepsy) | 8 Two or more of the above |

9 Disability not listed above (please give details)

**FUNDING: Please state how your attendance on this CPD programme/course will be funded.
Complete one section only.**

1. Funding via NHS London or NHS South East Coast

(Must be agreed by NHS trust authorised signatory)

Please write the full name of your NHS trust in BLOCK CAPITALS

.....
I support this application and agree that a mentor will be provided (if required).

Manager Date

I authorise funding for:

.....
Authorised signatory.....

Name Date

2. Invoice for employer

I agree to pay the fees for the applicant to attend the programme/course (the details of which are shown over) and I agree that a mentor will be provided (if required).

Name of employer/trust

Address for invoice

..... Postcode.....

Contact telephone number Company/trust stamp

Signed (budget holder)

Please print name

Date

3. Self funding – an invoice will be sent to you at the address given on page 1.

Signature

I confirm that the information shown on this form is accurate and complete and I agree to abide by the university's regulations.

Signed (applicant) Date

Please list additional courses here

Please return completed application form to:

University of Greenwich, Central Recruitment, room 210, Fry Building,
Avery Hill Campus, Southwood Site, Avery Hill Road, Eltham SE9 2UG

For university use only

Academic decision

ACCEPT

REJECT

Conditions (if appropriate)
.....
.....

Programme

Stage

Signed

Designation Date

For office use only

Fee Status H + O + N + X

Fee status input

Decision input

please tear along the perforated line