

Please list additional courses here

Please return completed application form to:
Sexual Health Administrator, School Office, Mary Seacole Building, University of Greenwich
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

Application for Sexual Health programmes and courses

This form should **ONLY** be used for Sexual Health programmes and courses.

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

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

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

9 Disability not listed above (please give details)

please tear along the perforated line

ACADEMIC AND PROFESSIONAL QUALIFICATIONS ALREADY HELD
or currently being studied (if not yet awarded write PENDING under "Date of award")

Award	Title	Date of award	Where studied (including country)	Classification/grade

please tear along the perforated line

Employment (give details of employment to date for the last five years, most recent at top)

Job title	Employer	Date from	Date to

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