THE UNIVERSITY OF HUDDERSFIELD
SCHOOL OF HUMAN AND HEALTH SCIENCES

APPLICATION FOR ENTRY TO THE SUPPLEMENTARY PRESCRIBING FOR ALLIED HEALTH PROFESSIONALS COURSE - MODULE HMH1041

Please complete all sections of this form entitled 'applicant additional form' in black. Please ensure that your manager and medical mentor complete the enclosed forms which should then be returned with your applicant form. Guidance notes are provided at the end of your form. Completed application forms should be returned to:

Admissions Office
School of Human and Health Sciences
The University of Huddersfield
Harold Wilson Building HWG/24
Queensgate
Huddersfield
HD1 3DH

1. YOUR NAME AND DATE OF BIRTH

<table>
<thead>
<tr>
<th>NAME</th>
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<tbody>
<tr>
<td>DATE OF BIRTH</td>
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2. PROFESSIONAL PRACTICE:

<table>
<thead>
<tr>
<th>ARE YOU A (PLEASE TICK WHICH APPLY)</th>
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<tbody>
<tr>
<td>PHYSIOTHERAPIST ☐</td>
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PLEASE IDENTIFY THE THERAPEUTIC AREA YOU ARE TO PRESCRIBE FOR PATIENTS/SERVICE USERS BELOW

……………………………………………………………………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………………………………………………………………

DO YOU INTEND PRESCRIBING INJECTABLE COSMETIC PROCEDURES

YES ☐
NO ☐

DO YOU HAVE INFORMATION TECHNOLOGY ACCESS AND CAPABILITY; e.g. YOU CAN USE PROGRAMMES SUCH AS MICROSOFT WORD® AND NAVIGATE THE INTERNET

YES ☐
NO ☐

IF NO YOU SHOULD CONSIDER GAINING SUCH SKILLS BEFORE APPLYING TO THE COURSE AS INFORMATION TECHNOLOGY IS USED EXTENSIVELY

3. COURSE APPLICATION:

MONTH AND YEAR IN WHICH YOU WISH TO START:

PLEASE INDICATE HOW YOU HEARD OF THIS COURSE:
<table>
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<tr>
<th>HAVE YOU PREVIOUSLY BEEN ACCEPTED ON AND COMMENCED THE SUPPLEMENTARY PRESCRIBING FOR ALLIED HEALTH PROFESSIONALS COURSE? (PLEASE TICK WHICH APPLIES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES □</td>
</tr>
<tr>
<td>NO □</td>
</tr>
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</table>

IF YES WHICH UNIVERSITY WERE YOU ACCEPTED?

WHAT DATE DID YOU COMMENCE ON THIS COURSE?

WHY DID YOU NOT COMPLETE THIS COURSE?

4. SIGNATURE OF APPLICANT

I CONFIRM THAT THE INFORMATION I HAVE PROVIDED IS CORRECT.

SIGNED……………………………………………………………………………………………………………………………

DATE………………………………………………………………………………………………………………………………
NOTES FOR GUIDANCE

Before completing the form please ensure that you read these notes for guidance carefully. Please complete all sections of the application form.

1. Name and Date of Birth

Please insert your name and date of birth so that we can relate this additional form to your application form.

2. Professional Practice

It is important you provide sufficient detail of the practice specialty in which you are likely to be prescribing on a regular basis. You need to declare whether you intend to prescribe injectable cosmetic treatments. Finally the course uses information technology so please indicate that you have the required skills.

3. Course Application

Please state your preferred course commencement date.

Please also state whether you have applied and commenced this course previously. If this is the case the reason for not completing your course must be identified and a decision made as to whether it is appropriate for you to be offered a place on the course.

4. Your Signature

Remember to sign the form before returning it to the address identified at the beginning of this application form

Manager form

For most applicants it is anticipated that a nomination form for supplementary prescribing will already have been completed within the relevant Trust. However an assurance is required from your manager on the enclosed manager form that you meet the criteria for supplementary prescribing, as identified in the supplementary prescribing guidelines for Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England (DOH 2005). In addition your local trust non-medical prescribing lead should support your application and sign this form.

Medical mentor form

It is important that the designated medical practitioner understands the requirements of taking on this role. In particular, there is a requirement for the medical practitioner to provide opportunities for teaching/learning in practice for the equivalent of 12 days during the 26 weeks of the programme. Do make sure you provide the mentor with the enclosed information sheet and that their role is discussed prior to your application. Finally you also need to ask your mentor to complete the enclosed mentor form and return it with your completed application.