THE UNIVERSITY OF HUDDERSFIELD
SCHOOL OF HUMAN AND HEALTH SCIENCES

ADDITIONAL INFORMATION FORM FOR ENTRY TO THE CONVERSION TO INDEPENDENT PRESCRIBING FOR PHYSIOTHERAPY/PODIATRY SUPPLEMENTARY PRESCRIBERS COURSE

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 application forms to:

Admissions Office
School of Human and Health Sciences
The University of Huddersfield
Harold Wilson Building HW1/22
Queensgate
Huddersfield
HD1 3DH

1. YOUR NAME

NAME

2. PROFESSIONAL PRACTICE:

ARE YOU A REGISTERED (TICK WHICH APPLY):

PHYSIOTHERAPIST?  □
PODIATRIST?  □

PLEASE IDENTIFY THE THERAPEUTIC AREA YOU INTEND TO PRESCRIBE FOR PATIENTS/SERVICE USERS BELOW:

3. COURSE APPLICATION:

HAVE YOU PREVIOUSLY BEEN ACCEPTED ON AND COMMENCED THE CONVERSION TO INDEPENDENT PRESCRIBING FOR PHYSIOTHERAPY/PODIATRY SUPPLEMENTARY PRESCRIBERS COURSE? (PLEASE TICK WHICH APPLIES)

YES  □
NO  □

IF YES WHICH UNIVERSITY WERE YOU ACCEPTED?

WHAT DATE DID YOU COMMENCE ON THIS COURSE?

WHY DID YOU NOT COMPLETE THIS COURSE?
4. FURTHER INFORMATION

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<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<td>Do you intend prescribing injectable cosmetic procedures?</td>
<td>☐</td>
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<td>Do you have information technology access and capability; e.g. you can use programmes such as Microsoft Word® and navigate the internet</td>
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(If no you should consider gaining such skills before applying to the course as information technology is used extensively)

4. SIGNATURE OF APPLICANT

I confirm that the information I have provided is correct. I also confirm that I have read and abided by in this application the:

HEALTH AND CARE PROFESSIONS COUNCIL (HCPC) REGISTRANTS

HCPC (2013) Standards for Prescribing

Signed: ........................................................................................................................................

Date: ........................................................................................................................................