

Application Form

OFFICE USE ONLY							

Please use the enclosed Guidance Notes to help you complete this form. You will find a corresponding note for each section number on the application form, within the guidance notes. Complete the form in **BLOCK CAPITALS** using **BLACK INK**. If you have any queries whilst completing this form, please call us on 0131 455 6460. Once complete, please send to: **David Warnock, Room 1.B.13**

Edinburgh Napier University, Sighthill Campus, Edinburgh, EH11 4BN

Section 1 Programme

Please indicate your preferred method of study (tick)

1.1

Undergraduate

Postgraduate

Full-time	Part-time	Distance/ Flexible Learning	Preferred start date
Apply Via UCAS/CATCH			Month: _____
			Year: 200__

1.2

Please list the Programme Names in order of preference:

1* **Mentorship Preparation**

2nd

3rd

OFFICE USE

Section 2 Personal Details

2.1

Title **Mr / Miss / Mrs / Ms / Dr / Other** please write here - _____

Surname/Family Name _____

First Name(s)/Given Name _____

Previous Name(s) _____

Date of Birth (dd/mm/yyyy) _____

2.2

Permanent Home Address _____

Postcode _____

Telephone No (inc area code) _____

Mobile phone number _____

E-mail address _____

2.3

Work Address _____

Postcode _____

Telephone No (inc area code) _____

Mobile phone number _____

Address Valid Until (dd/mm/yyyy) _____

Section 3 Education

3.1

Name _____

Title of Highest Award _____

Date of leaving
(enter current if still attending) _____

**Section 4
Employment**

Employer/ Company Name	Job Title	From Date (month/year)	To date (month/year)	Full/Part time

**Section 5
Further Supporting Information**

Personal Statement (see note 5.1)

**Postgraduate
Educational
Reference
5.2**

Name	_____
Position	_____
Address	_____
Telephone	_____
E-mail	_____

**Section 6
Application Declaration**

Signature

I certify to the best of my knowledge and belief that the information I have provided on this application form is correct. I understand that a false declaration could lead to my withdrawal from the University. I confirm that I have read and understood section 6 of the accompanying Guidance Notes which outlines the purposes for which my data may be processed in accordance with the Data Protection Act 1998. I consent to Napier University processing my personal data on this form or other data obtained from me whilst an applicant or student for these purposes.

Signed _____

Print Name _____

Date _____

Please tick to confirm which documents are enclosed

Additional Supporting Information Completed Postgraduate Reference Form Copies of Certificates

We would like to contact you in the future by post, e-mail, telephone or other electronic means with information about our courses or the University which we think may be of interest to you. We may also ask you to take part in research surveys so that we or agencies acting on our behalf can use the data you provide to assist us with improving our services to existing and potential students and to compile records and statistics for management information. If you do not want your information to be used in this way please tick this box.

Office Use Only	Programme 1	Programme 2	Programme 3
Interview date			
Interview time			
Unconditional offer			
Conditional offer			
Rejection			
Other Notes			

Supplementary Personal Information Form

OFFICE USE ONLY							

1. Programme(s)

1 st Mentorship Preparation	OFFICE USE
2 nd	
3 rd	

2. Personal Details

Title **Mr / Miss / Mrs / Ms / Dr / Other** please write here – _____

Family Name/Surname _____

First Name(s)/Given Name _____

Previous Name(s) _____

Date of Birth (dd/mm/yyyy) _____

3. Ethnicity

Please tick appropriate

White – British (11)	<input type="checkbox"/>	Asian or Asian British – Pakistani (32)	<input type="checkbox"/>
White – Irish (12)	<input type="checkbox"/>	Asian or Asian British – Bangladeshi (33)	<input type="checkbox"/>
White – Scottish (13)	<input type="checkbox"/>	Chinese (34)	<input type="checkbox"/>
White – Welsh (15)	<input type="checkbox"/>	Asian – Other (39)	<input type="checkbox"/>
White – Other (19)	<input type="checkbox"/>	Mixed – White and Black Caribbean (41)	<input type="checkbox"/>
Black or Black British – Caribbean (21)	<input type="checkbox"/>	Mixed – White and Black African (42)	<input type="checkbox"/>
Black or Black British – African (22)	<input type="checkbox"/>	Mixed – White and Asian (43)	<input type="checkbox"/>
Black – Other (29)	<input type="checkbox"/>	Mixed – Other (49)	<input type="checkbox"/>
Asian or Asian British – Indian (31)	<input type="checkbox"/>	Info refused (98)	<input type="checkbox"/>

4. Entry Category

Have you previously: Studied in Higher Education? (tick as appropriate)

Yes (Please give details below) No

Name of Institution: _____

Country: _____

5. Residence Category

Nationality: _____

Country of Birth: _____

Permanent Domicile: _____

Length of Stay (years + months) _____

6. Personal Record
6.1

Disability/Special Needs

I have a Disability (tick as appropriate)

Yes No

Dyslexia	(1)	<input type="checkbox"/>	Mental Health Difficulties	(6)	<input type="checkbox"/>
Blind/are partially sighted	(2)	<input type="checkbox"/>	Unseen Disability (e.g. diabetes epilepsy, asthma)	(7)	<input type="checkbox"/>
Deaf/have a hearing impairment	(3)	<input type="checkbox"/>	Multiple Disabilities	(8)	<input type="checkbox"/>
Wheelchair User/have mobility difficulties	(4)	<input type="checkbox"/>	Other – Disability not listed	(9)	<input type="checkbox"/>
Personal Care Support	(5)	<input type="checkbox"/>	Autistic Spectrum Disorder	(10/T)	<input type="checkbox"/>

Please give details of any special needs or support required.

6.2

Criminal Convictions

Do you have a relevant criminal conviction? (see guidance notes for the definition of relevant) (tick as appropriate)

Yes No

7. Payment of Fees

Who will be paying your fees? (tick as appropriate)

Student Awards Agency for Scotland (SAAS)	<input type="checkbox"/>	Self	<input type="checkbox"/>
		Local Education Authority	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Other Sponsor	<input type="checkbox"/>

8. Fee Calculation

(please tick one of the following options as appropriate)
See guidance notes for further information on this section

1	UK/ European Union (EU) National, Resident in the European Economic Area (EEA) for the last three years	<input type="checkbox"/>
2	UK/EU National, temporarily employed outwith the EEA Comments:	<input type="checkbox"/>
3	Non EU National, exempt from immigration control and resident in the UK for the last three years Comments:	<input type="checkbox"/>
4	Non EU National, with refugee status or Exceptional Leave to Remain	<input type="checkbox"/>
5	National of Norway, Iceland, Liechtenstein living in the UK as a Migrant worker	<input type="checkbox"/>
6	None of these Comments:	<input type="checkbox"/>

If you are not a UK/EU National, please give the date, as shown on your passport, of the most recent entry to the UK

Date: _____

Application Declaration

I certify to the best of my knowledge and belief that the information I have provided on this application form is correct. I understand that a false declaration could lead to my withdrawal from the University. I confirm that I have read and understood section 6 of the accompanying Guidance Notes which outlines the purposes for which my data may be processed in accordance with the Data Protection Act 1998. I consent to Napier University processing my personal data on this form or other data obtained from me whilst an applicant or student for these purposes.

Signed _____ Date _____

Postgraduate Educational Reference

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An educational reference is only required for Postgraduate Applicants (either full or part-time). Applicants applying to study for an undergraduate programme on a part-time basis are **not required** to submit an educational reference.

THE APPLICANT SHOULD COMPLETE THIS SECTION BEFORE PASSING TO THE REFEREE.

Programme(s)

Please list the Programme Names you have applied for:

	OFFICE USE
1 st Mentorship Preparation	
2 nd	
3 rd	

Personal Details

Please enter in the same format as page 1 of your application form.

Title **Mr / Miss / Mrs / Ms / Dr / Other** please write here – _____

Surname/Family Name _____

First Name(s)/Given Name _____

Previous Name(s) _____

Date of Birth (dd/mm/yyyy) _____

Permanent Home Address

Post Code _____

Name of Referee

This is only required for postgraduate applicants. Please give details of your referee. This is the person you have listed on page 4 of your application form.

Name _____

Position _____

Address _____

TO THE REFEREE

Thank you for agreeing to complete this reference on behalf of the above applicant.

It would be helpful to the admissions tutor(s) if your statement provides information on:

- 1 Intellectual qualities, including reference to previous examination performance and present performance
- 2 The applicant's ability for the programme(s) applied for (as shown above)
- 3 Health or other relevant qualities and/or experience

In order to authenticate the reference, please either stamp the form with an official stamp, or attach an official letterhead or business card to the form.

Please return your completed reference to: **David Warnock, Room 1.B.13**
Edinburgh Napier University, Sighthill Campus, Edinburgh, EH11 4BN
mentorship@napier.ac.uk

EDUCATIONAL REFERENCE FOR:

Signed

Position

Date

Official Stamp, letterhead or business card





**STATEMENT IN SUPPORT OF APPLICATION TO THE
MENTORSHIP IN PRACTICE MODULE**

I ACKNOWLEDGE THAT IN MY SUPPORT OF THIS APPLICATION THE PRACTICE SETTING HAS AGREED TO:

- Support the candidate to undertake the 2.5 days of online input for this module
- Support the candidate to attend the 2.5 days of face to face input sessions for this module
- Identify and facilitate a suitable prepared sign off mentor from within the practice area to support and assess the candidate during this module
- Provide the ongoing support to achieve the NMC requirement for the candidate to have the equivalent of 5 days of work based learning

TO BE COMPLETED BY THE MANAGER

Signed: _____ Print Name _____

Position _____ Hospital/Ward Area _____

Date _____

Name of Designated Sign-Off Mentor to Support Applicant _____

TO BE COMPLETED BY THE APPLICANT

Signed: _____ Print Name _____

Date _____

Please return completed Statement of Support to:

David Warnock, Room 1.B.13
Edinburgh Napier University
Sighthill Campus
Edinburgh
EH11 4BN
mentorship@napier.ac.uk

