

SCHOOL OF SPORT, REHABILITATION AND EXERCISE SCIENCES
Postgraduate Modular Programme Application Form

1 – TITLE OF PROGRAMME

Please indicate which programme of course you are applying for by selecting the appropriate box. Please note these are part-time courses.

If the programme you wish to apply for does not appear on this page, please contact msk@essex.ac.uk for advice – some programmes offered have separate application forms.

For full-time programmes, please make an application online at <https://www.essex.ac.uk/pgapply/enter.aspx>

TITLE OF AWARD (Please select)	LEVEL OF AWARD (Please select)
Musculoskeletal Ultrasound Imaging <input type="checkbox"/>	MSC/Masters <input type="checkbox"/>
Advanced Musculoskeletal Assessment & Practice <input type="checkbox"/>	PG Diploma <input type="checkbox"/>
First Contact MSK Practice (PG Certificate only) <input type="checkbox"/>	PG Certificate <input type="checkbox"/>
Advanced Musculoskeletal Assessment & Practice (Hand Therapy (PG Certificate only) <input type="checkbox"/>	

POSTGRADUATE TAUGHT MODULES

If you are applying for a standalone module, please use the module application form found on the [SRES CPD page](#) under the heading 'Modules'

2 - PERSONAL DETAILS

Surname/Family name (in BLOCK CAPITALS):	
Other names in full:	Title
Former surname:	Gender:
Nationality (as on passport):	Country of Origin:
Place of Birth: <i>(if overseas, give Country; if UK, give County)</i>	Date of Birth:
Country of Permanent Residence:	NMC/HCPC number:
Home Address:	
	Post Code:
Email address:	Telephone number:

3 – EMPLOYMENT DETAILS (Professional Category)

Clinical Profession	Please give job titles
Physiotherapist <input type="checkbox"/>	
Sonographer <input type="checkbox"/>	
Nurse <input type="checkbox"/>	
Other <input type="checkbox"/>	
Work Address:	
	Post Code:

4 - ACADEMIC QUALIFICATIONS

Give full details, **with supporting evidence such as copies of certificates**, including final classification/grade(s)

From	To	College/University	Course Title/Subject	Classification or Grade(s)	Date Awarded

5 - EMPLOYMENT HISTORY (past and current)

From	To	Place of Employment	Position held / Duties involved

6 - LANGUAGES – If English is not your first language, please give English qualifications and date obtained

Provider (i.e. IELTS)	Level	Date Obtained

7 - FEES CLASSIFICATION

Permanent Residence

UK ☐ Overseas ☐ Country:

If you are already following a course in the UK, please indicate how you have been classified for fees purposes

Home Student: ☐ Overseas: ☐ Other: ☐ (please specify) [Click or tap here to enter text.](#)

Is the length of your stay in the UK currently limited by immigration control? If yes, give details

[Click or tap here to enter text.](#)

If you were born in the UK but are working temporarily overseas, please give dates, countries and occupations

[Click or tap here to enter text.](#)

8 – SOURCE OF FINANCE

Proposed Source of Funding

Health Education (East of England) ☐
 Employer Funded ☐
 Self-Funded ☐
 Other ☐ (please specify) [Click or tap here to enter text.](#)

Has this funding been approved? YES ☐ NO ☐

IF YOU HAVE CONFIRMED FUNDING THROUGH YOUR WORKPLACE, PLEASE COMPLETE THIS SECTION

Name and position of authorising member of staff (print name):	
Signature of authorising member of staff (written or electronic):	Date:

An invoice will be sent to your Employer via email, please provide your employer's finance section details below.

Contact Name:		
Contact Email Address:		
Contact Address:		
		Post code:
Contact Telephone Number:		

If you have any queries relating to funding, please email msk@essex.ac.uk

9 – DISABLED APPLICANTS AND APPLICANTS WITH INDIVIDUAL REQUIREMENTS

If you have a disability, medical condition, access requirement or individual need that means you may require extra support or specific facilities for accommodation, please briefly state your requirements:

10 – HAVE YOU APPLIED TO STUDY AT THIS UNIVERSITY BEFORE?

Yes ☐ Please give details:

No ☐

11 – HOW DID YOU FIND OUT ABOUT THE COURSE?

Applicant's signature (written or electronic):

Date:

Line Manager's signature:

Date:

Print Name:

Where to return the form

Please return your completed form along with any supporting evidence via email to msk@essex.ac.uk

Postal Address:

School of Sport, Rehabilitation and Exercise Sciences
University of Essex
Wivenhoe Park
Colchester
Essex CO4 3SQ

Please note: As we are currently working remotely there may be a delay in receiving postal copies

DATA PROTECTION ACT 1998

The University of Essex has a notification under the Data Protection Act 1998 to enable it to hold and process personal data about its students for the purposes of maintaining their academic and related records. The information supplied on this form will be held under the terms of the Act, it will be kept secure and accurate and will only be disclosed to people who have a need to know in accordance with the Act. *Your attendance and Examination Board ratified module marks will be shared with your sponsoring Trust. If you do not wish this to happen, you are responsible for asking your line manager to communicate with the School to this effect.*

Please note that the information on this application form is required for registering purposes only.

EQUAL OPPORTUNITIES

This form will be detached – Please complete and return it with your application.

The information you provide will be held on database and will only be used for statistical analysis by HESA and certain other bodies that deal with the funding of education

Thank you

PERSONAL DETAILS

Last Name:	Title:
First Name(s) (for official purposes)	Preferred first name:
Date of Birth:	Gender:
Your Nationality	

Your Ethnicity (please tick)

White British	11 <input type="checkbox"/>	Asian or Asian British – Indian	31 <input type="checkbox"/>	Mixed – White and Black African	42 <input type="checkbox"/>
White Irish	12 <input type="checkbox"/>	Asian or Asian British – Pakistani	32 <input type="checkbox"/>	Mixed – White and Asian	43 <input type="checkbox"/>
Other White background	19 <input type="checkbox"/>	Asian or Asian British – Bangladeshi	33 <input type="checkbox"/>	Other Mixed background	49 <input type="checkbox"/>
Black or Black British – Caribbean	21 <input type="checkbox"/>	Chinese	34 <input type="checkbox"/>	Other Ethnic background	80 <input type="checkbox"/>
Black or Black British – Asian	22 <input type="checkbox"/>	Other Asian Background	39 <input type="checkbox"/>	Prefer not to say	98 <input type="checkbox"/>
Other Black background	29 <input type="checkbox"/>	Mixed – White and Black Caribbean	41 <input type="checkbox"/>		

Disability (please select any which you consider apply to you)

In addition to providing information for HESA, completion of this section will assist the University in understanding the needs and requirements of disabled staff and also allow us to work towards meeting our obligations under the Disability Equality Act

00 <input type="checkbox"/>	No Disability
08 <input type="checkbox"/>	Two or more impairments and/or long-term health conditions
51 <input type="checkbox"/>	A specific learning difficulty such as dyslexia, dyspraxia, or AD(H)D
53 <input type="checkbox"/>	A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
54 <input type="checkbox"/>	A long-term health condition such as cancer, HIV, diabetes, chronic heart disease, epilepsy
55 <input type="checkbox"/>	A mental health condition, such as depression, schizophrenia, or anxiety disorder
56 <input type="checkbox"/>	A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches
57 <input type="checkbox"/>	Deaf or serious hearing impairment
58 <input type="checkbox"/>	Blind or serious visual impairment uncorrected by glasses
96 <input type="checkbox"/>	A disability, impairment or long-term health condition that is not listed above
97 <input type="checkbox"/>	I do not wish to provide this information