

The School of Cancer Nursing and Rehabilitation

Application Form

It is important that you write neatly using block capitals in black ink or typescript. **Incomplete application forms will delay the decision process and your form will be returned to you.**

For School Use Only:

Date Received:
Contract reference:
Student ID:

Designated signatory (for contract places only):

1. Personal details

Title (Mr/Mrs/Miss/Ms etc)	Date of Birth (dd/mm/yyyy)
Surname	First Name(s)
Home Address	Work Address (Organisation, Ward/Dept and Address)
Postcode	Postcode
Home Telephone Number	Profession
Mobile Telephone Number	Work Telephone Number
Band/Grade	E-mail Address
NMC/Professional Registration Number	Manager's Name*
Registration Renewal Date	Manager's Telephone Number

*Please see declaration regarding the sharing of information with managers for NHS London and employer funded students.

2. Fee status

Country of Birth	Nationality
Who is expected to pay your fees, please circle? Trust Contract / Employer / Self-funding / Other (please specify) (please complete the Fee Payment Form if sponsored)	

3. Details of programme/modules(s) for which you wish to apply

Programme or Module Title	Date of course	Level of course – Diploma/Degree/Masters

Please indicate how you heard about The School of Cancer Nursing and Rehabilitation: (Please circle)

Website Intranet Advertisement Flyer Contract Previous student Other (please specify below)

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4. Further and Higher Education Qualifications

Please give details of your professional training, e.g. pre-registration nursing, physiotherapy, etc. If you are an overseas applicant you must include details of your IELTS, or equivalent, results. Continue on a separate sheet if necessary.

Institution	Course Title	Level	From (month/year)	To (month/year)	Result

5. Professional education/training attended

Please give details of all relevant courses which you have attended in date order. **This list should include any Continuing Professional Development courses you have undertaken.**

Institution	Course Title	Level	From (month/year)	To (month/year)	Result

6. Work experience

Please give details of work experience, training and employment within the last five years. Please give your most recent experience first. Continue on a separate sheet if necessary.

Job title	Name of Organisation	From	To	Band	Duties

7. Personal statement

Please state your reasons for choosing the programme or module(s) you have applied for, and relevant work experience to support your application. Continue on a separate sheet if necessary. This statement will be used to assess your suitability for the course you have applied.

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8. Physical or other disability or medical condition

The School encourages you to disclose any disability, learning difficulty or medical condition which could disadvantage your ability to study with us. All offers are made on academic grounds only and the information you submit will be used to help us to provide appropriate support. Examples of disabilities include: hearing impairment, dyslexia, mobility issues.

9. References

For some of our programmes or modules we may require references. If you are undertaking our full academic programmes, e.g. BSc (Hons) in Cancer Care, Post-Graduate Certificate in Cancer Care, MSc Advanced Practice (Cancer) or MSc Advanced Practice (Cancer Clinical Practitioner/Cancer Nurse Practitioner) please ensure that you complete the attached reference form.

10. Declaration - To be signed by applicant

I confirm that the information I have given is true, complete and accurate. If any information on this application form is found to be false then this may lead to the withdrawal of an offer of a place at the School. I give my consent to the processing of my data by The Royal Marsden NHS Foundation Trust which I understand will be in accordance with the requirements of the Data Protection Act 1998.

I understand that the data in this form will be used for the purpose of processing my application and managing my studies with the School, including the sharing of some data with our Higher Education Institution partner. **If I am funded via NHS London or sponsored by my employer, I understand that the School will share information on my attendance and studies with my line manager, and other nominated individuals.**

Your data will not be forwarded to any external organisation but may be used to provide you with further information on study opportunities. **If you wish to receive such information, please tick this box.**

Signed _____ Print Name _____ Date _____

11. Employer Support - To be signed by supporting manager

I have discussed with the applicant the commitment to attend the dates of the programme or module and meeting the deadlines for assessment. I know of no reason why the programme or module would not be completed. I have agreed and made arrangements that the required protected learning time will be adhered to, and that any clinical learning will be supported in the workplace.

Signed _____ Print Name _____ Date _____

Email _____

From time to time The School of Cancer Nursing and Rehabilitation may contact you with details of study opportunities and activities. **If you wish to receive such information, please tick this box.**

12. Equal Opportunities Monitoring

The School of Cancer Nursing and Rehabilitation operates an Equal Opportunities Policy. This means that all applicants will receive fair and equal consideration. To help us monitor this policy, the School collects information on all applicants. For this reason you are asked to complete the following section by ticking the appropriate boxes.

Asian or Asian British		Black or Black British		Mixed		White	
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	White and black Caribbean	<input type="checkbox"/>	British
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	White and black African	<input type="checkbox"/>	Irish
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other black background	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Scottish
<input type="checkbox"/>	Chinese			<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>	Other white background
<input type="checkbox"/>	Other Asian						

Other Ethnic background

I would prefer not to supply this information

13. For Royal Marsden NHS Foundation Trust employees only

The following statements should all be signed before submitting an application form. Forms will be returned if not complete, putting your course place at risk.

Applicant: By ticking this box I am accepting the conditions included in The Royal Marsden NHS Foundation Trust's study leave policy and procedure. **I agree that any fees for courses taken in the School that I am required to repay under the Study Leave Policy can be deducted from my final salary.** I understand that it is my responsibility to inform the School of any change in my personal circumstances (including change of employer).

Signed _____ Print Name _____ Date _____

Line Manager:

I have seen the applicant's personal development plan and support the application. I agree that by supporting this application that I will provide the appropriate learning opportunities.

Signed _____ Print Name _____ Date _____

Designated Manager:

I have seen the applicant's personal development plan and support the application.

Signed _____ Print Name _____ Date _____

References

If you are undertaking our full academic programmes, e.g. Diploma in Cancer Care, BSc (Hons) in Cancer Care, Post-Graduate Certificate Advanced Practice (Cancer), MSc Advanced Practice (Cancer), MSc Advanced Practice (Cancer Clinical Practitioner/Cancer Nurse Practitioner) please ensure that you complete this reference form.

Please give below names and addresses of two referees, one of whom should be your present employer. We would expect that the second referee would be an academic reference.

Student Name: _____

Reference One

Name: _____

Address: _____

Town/City: _____

County: _____

Postcode: _____

Tele: _____

Fax: _____

Email: _____

Please state the capacity in which you are known to the referee

Reference Two

Name: _____

Address: _____

Town/City: _____

County: _____

Postcode: _____

Tele: _____

Fax: _____

Email: _____

Please state the capacity in which you are known to the referee

The Royal Marsden School of Cancer Nursing and Rehabilitation

FEE PAYMENT FORM

This form should be completed and submitted with **ALL** application forms. Applications for courses will not be processed until this form is received. **If this form is incorrectly completed, it will be returned to you.**

Full name of student:

Course title: **Start date of course:** **Course fee:**

Who is expected to pay your fees? (tick as appropriate)

<table border="1"> <tr> <td>Yourself</td> <td><input type="checkbox"/></td> </tr> <tr> <td>RMH</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NHS Contract - other</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Macmillan Grant</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other sponsor/ employer</td> <td><input type="checkbox"/></td> </tr> </table>	Yourself	<input type="checkbox"/>	RMH	<input type="checkbox"/>	NHS Contract - other	<input type="checkbox"/>	Macmillan Grant	<input type="checkbox"/>	Other sponsor/ employer	<input type="checkbox"/>	<p>Please complete the credit/debit card fee payment form overleaf. Once your application is successful your credit/debit card will be authorised as indicated.</p> <p>Please tick if you are currently employed by The Royal Marsden NHS Foundation Trust.</p> <p>Please tick if your organisation has a contract with us via NHS London – please do not submit an application unless you have received approval from your organisation lead.</p> <p>Please submit proof of grant approval.</p> <p>Please ask your sponsor / employer to complete the box below.</p>
Yourself	<input type="checkbox"/>										
RMH	<input type="checkbox"/>										
NHS Contract - other	<input type="checkbox"/>										
Macmillan Grant	<input type="checkbox"/>										
Other sponsor/ employer	<input type="checkbox"/>										

FOR SPONSORED/EMPLOYER FUNDED STUDENTS ONLY

To be completed by the sponsor/employer

We/I agree to sponsor the above student for £..... [please indicate sum you are accepting sponsorship responsibility for].

Name of organisation to be invoiced:

Invoicing details [to be completed on behalf of the sponsoring organisation by an authorised representative]:

Contact Name: Purchase Order Number:

Contact address: Invoice address (if different):

.....

Country: Country:

Post code: Post code:

Telephone number: Telephone number:

Email: Email:

I/We undertake to pay the course fees in respect of the above student and agree to settle any invoices in respect of this charge within 30 days of receipt of a Royal Marsden NHS Foundation Trust invoice.

Name: Position:

Signature: Date:

TO BE COMPLETED BY ALL STUDENTS

I confirm that the information given in this form is correct. In the event of non-payment of fees by a sponsoring organisation, I understand that I will be liable for all outstanding debt. In the event of non-payment of fees [in any circumstance] I understand that the School may restrict access to library facilities or may withhold course results.

Name: Signature:

Date:

Send completed form to: The School Administrator, The Royal Marsden School of Cancer Nursing and Rehabilitation, Fulham Road, London, SW3 6JJ.

Payment of fees by debit or credit card

The Royal Marsden School of Cancer Nursing and Rehabilitation accepts payment by Maestro, Visa Delta, Access, Visa and MasterCard. We do not accept American Express or Diners Club cards. If you wish to pay by credit or debit card please complete this form and submit it with your application form.

Student Details

Name of Programme or Module

Student/Registration number

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First Name(s)

Family Name

Title

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Date of birth (DD/MMM/YYYY)

Payment for and amount:

Course fees £

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Cardholder Details

Cardholder Name (as shown on debit/credit card)

Title

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Cardholder address

Contact telephone number and email address

Tel:

Email:

postcode

Card number (16 or 18 digit number)

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(switch/solo)

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issue number

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Valid from date

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Expiry date

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Security number (last 3 digits on back of card)

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Card type
(E.g. Visa)

Cardholder
signature

Fee details

I authorise The Royal Marsden NHS Foundation Trust to charge the above credit/debit card with the amounts above. Please charge the amount above in full now.

For office use only