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| --- |
| **Return to practice course**  **Diagnostic assessment and placement request/details form** |

The purpose of this diagnostic assessment is to consider your learning needs for the unit, and to determine the number of credits to be studied and the hours of practice based learning that you will require. We also use this information to request a placement for you (NW students only) so please ensure that you complete it as fully as possible.

* **Please return to the Admissions Office (CPD Admissions team). It is possible to complete this electronically and return by email: directapplications@mmu.ac.uk.**
* Personal details (such as your full name and date of birth) are required as we need this information to check your details and previous registration with the NMC.
* **Please note that this is not the application form, and that a separate University application form needs to be completed**.

**Personal information (please PRINT and do not write in the shaded boxes)**

|  |  |
| --- | --- |
| Full name | Date of birth |
|  |  |
| Address | Contact phone numbers |
|  | Home:  Mobile:  Other: |
| Email address | NMC/UKCC pin number (print clearly).[[1]](#footnote-1) |
|  |  |

**Professional and academic qualifications**

|  |  |
| --- | --- |
| Nursing qualifications | Year obtained |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Academic qualifications (do not include school qualifications) and other relevant short courses etc (eg ENB 998). Please state credits and level of study. | Year obtained |
|  |  |
|  |  |
|  |  |
|  |  |

**NMC registration**

|  |  |
| --- | --- |
| 1) Do you have current registration with the NMC? | 2) When did/does this expire: |
| YES / NO | Month: Year: |
| 3) Have you ever been subject to a Fitness to Practice hearing at the NMC/UKCC or had your NMC registration removed, suspended or had conditions imposed? | |
| YES\* / NO  \*If yes, please provide full details separately including a copy of all NMC conditions/decisions. | |
| 4) If you are a non-native English speaker, do you have evidence of meeting the standard University English language requirements (e.g. IELTS at 7.0)? | |
| YES / NO \*  \*If no, please note you will not be accepted unless you meet these requirements | |
| 5) Have you undertaken the Return to Practice Course before?  YES\*/NO  If yes please give details (when and where) | |

**Most recent practice experience**

|  |
| --- |
| When did you last practice using your professional nursing qualifications? |
| Month: Year: |
| When did you last practice in the professional area that you want to return to? |
| Month: Year: |
| **Approximately** how many hours of nursing practice have you done in the past 3 years? (please circle one) |
| 0 50 100 150 200 250 300 350 400 450 |
| **Approximately** how many months of nursing practice have you done in the past 5 years? |
|  |

**Nursing posts held**

|  |  |
| --- | --- |
| Please list your most recent posts in nursing / health visiting, starting with the most recent. Please state the nature of work – e.g. staff nurse, grade/band and Trust/country of work. | Dates of employment |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Other career information**

|  |
| --- |
| Have you ever been subject to disciplinary proceedings, suspended from work or had your contract terminated due to misconduct? |
| YES / NO  \*If yes, please provide full details on a separate page. |

|  |
| --- |
| Please provide any other relevant information that may assist us in making a decision about your learning needs. For example, it may be useful to comment on what you have been doing when not practicing as a nurse (e.g. caring responsibilities, voluntary work. working overseas doing VSO, working as a health care assistant, etc). |
|  |

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| Please let us know why you want to return to nursing, and why your registration with the NMC has lapsed. |
|  |

**PLACEMENT REQUEST FORM FOR STUDENTS BASED IN THE NORTH WEST ONLY**

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| --- |
| In what broad area of nursing would you prefer your placement? (please note that this must relate to the qualification you wish to refresh – i.e. adult nursing, mental health nursing, pediatrics, health visiting etc) |
|  |
| Do you have a specific reason for requesting this placement area? e.g. you may request a placement in A&E as that is where you have 10 years experience and want to return to. |
|  |
| Do you have a preferred Trust? If so, please indicate. |
|  |
| Have you already made contact with a Trust (either formally or via ex-colleagues) and had any provisional offer of a placement made? If so, please provide details below indicating who you have spoken to and what has been suggested or arranged and provide a copy of any emails or other communication. **If you have had a confirmed offer of a placement made please provide full information about this.** |
|  |

**PLACEMENT DETAILS FOR STUDENTS BASED OUTSIDE THE NORTH WEST**

**Please note that students based outside the North West are required to obtain their own practical experience. These placements will be audited by the University. It would be useful for you to investigate this process prior to application, though it is not expected that you will have anything confirmed at this stage.**

|  |  |
| --- | --- |
| Trust offering placement | Details of experience to be obtained with proposed start date (please be specific – eg “on B10 surgical ward, City General Hospital”) |
|  |  |
| Name and job title of **manager[[2]](#footnote-2)** who has arranged placement | Name and job title of **sign-off mentor[[3]](#footnote-3)** who will be supporting you on placement |
|  |  |
| Address of manager | Address of mentor |
|  |  |
| Contact details | Contact details |
| Phone:  Email: | Phone:  Email: |

**PLEASE PROVIDE SOME EVIDENCE OF A PLACEMENT WITH THIS APPLICATION FORM (COPY OF EMAIL IS FINE).**

1. Please note that if this is not completed the diagnostic assessment will not be undertaken. All applicants will have their previous registration with the NMC checked. [↑](#footnote-ref-1)
2. Please note that written/email confirmation from the manager about the placement is required. [↑](#footnote-ref-2)
3. A practice audit is required to be completed by the mentor to ensure the placement is appropriate. [↑](#footnote-ref-3)