

**Creating and applying evidence**

**Application form**

|  |  |
| --- | --- |
| Name  |  |
| Email address  |  |
| Job title  |  |
| Profession  |  |
| Division |  |
| Team/service |  |
| Preferred module date (please highlight) | May 2023 October 2023 May 2024 October 2024 (dates may change slightly) |
| Manager’s name and email  |  |
| Please list any other academic/university modules or full qualifications you have attended since qualifying and indicate whether you obtained the qualification  |  |
| Please outline why you would like to attend the module from a *personal and professional development* point of view (up to 200 words)  |  |
| Please outline how you might apply your new knowledge/experience post module, to support your service/team (up to 200 words) |  |
| Please indicate a topic you might be interested in exploring during the module (up to 100 words) |  |
| I have my manager’s support **including for up to 20 days release from clinical work over the duration of the module.** (please mark X). It may also be important to check with your service lead if they are not your line manager |    |
| I am willing to keep a record of how I have applied my learning after the module (please mark X). |  |
| I am willing for the university to let the Trust know about my progress on the module (please mark X)  |  |
| Please insert your electronic signature  |  |

**Please return this form to Theresa.powell1@nhs.net before 1st April and include an email from your line manager indicating their support.**

We will make a decision as soon as possible after 1st April so if your situation changes and you wish to withdraw your application, please let us know.