

**Creating and applying evidence**

**Application form**

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| --- | --- | --- | --- | --- |
| 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.