

MSc/PGDip/PGCert Healthcare Practice

EMPLOYER REFERENCE

Practice mentor

Students require clinical support and supervision from an appropriately experienced and qualified practitioner who:

- works in the same area as the student;
- is employed at a senior level (e.g. Agenda for Change band seven or above); and/or
- has a relevant Master's degree; and/or
- is employed in a specialist or expert capacity with evidence of advanced knowledge, skills and competence in their area of practice; and
- has experience of mentoring and assessing practice learning and/or performance management of practice;
- normally has completed a suitable learning and teaching course e.g. PGCEA, Specialist Practice Teacher, Practice Teacher NMC stage 3.

On occasions students may elect to have more than one mentor in order to obtain the appropriate range and breadth of mentor expertise. In such cases a lead mentor should be clearly identified. (NB: Some modules may have additional mentor requirements.)

Please provide details of a suitable mentor who will support you in your studies

Family name First name(s) Title

Position held/nature of relationship

Contact address

Email address Tel No

NMC Qualified Mentor?

Educational Audit (Education Quality Review)

To be completed by line manager

"I confirm that the clinical area in which the applicant will be practising during the course/module has a current and satisfactory educational audit."

Date last audit completed

Name of manager

Signature of manager Date

Please ensure you address all the points below in your personal statement. We recommend you complete your personal statement using this word document and uploading it to your application. It is advisable to complete your personal statement prior to starting your application as the online application will automatically time out after 20 mins of inactivity. This may result in the loss of anything you've written in this time.

Statement 1 - Please provide a clear indication of the reasons for application to the Healthcare Practice Programme.

Please explain using the following points:

- your reasons for applying for this programme,
- give a brief description of your clinical experience to date,
- a description of your current responsibilities, role, and its development,
- how you will benefit from this programme,
- how the programme fits in with your career plan over the next 5 years,
- please provide any further, relevant information in support of your application.

Statement 2 – Please indicate your chosen pathway from the list below.

- Personalised (Generic) route
- Advanced Practice
- Cardiac Care
- Child Health
- Intensive Care
- Acute Medicine
- Midwifery
- Psychosocial Interventions
- Community and Integrated Care

Workforce Development Contract Only

If you are employed by a Trust from within Health Education South London (HESL) or Clinical Commissioning Group (CCG) which has a Workforce Development Contract with the Faculty of Health, Social Care and Education, please complete this section. All applications sponsored via the Workforce Development contract must be signed by the designated signatory for the Trust.

Trust NHS Contract Code

Signature of Senior Manager in support of application

Date

DD/MM/YYYY

Designated signatory

Date

DD/MM/YYYY

DUAL REGISTRATION AND DECLARATION (TO BE COMPLETED BY ALL APPLICANTS)

PLEASE CONFIRM BY TICKING THIS BOX

that you are not currently on a programme of study at St George's, University of London or any other higher education institution, whereby you do not expect to receive award on or before 1 August 2016. Dual registration (concurrent registration on a programme of study) is not permitted at St George's and will prevent formal registration onto your chosen qualification of study.

I agree that the fees relating to this programme of study will be paid by the person or organisation indicated in the above section. If for any reason the organisation or person indicated does not pay I will be liable for the fees.

I understand that the data in this form will be used to process my application and manage my studies. If my studies are funded by Health Education South London (HESL) or Clinical Commissioning Group (CCG) or my employer, St George's, University of London will share information about my studies with HESL/ CCG, my line manager and other nominated individuals within my organisation.

I confirm that the information that I have provided is accurate and may be verified on request by the University. I consent for the University to share my results, attendance and academic performance with my sponsoring employer.

Name

Signature

Date

DD/MM/YYYY