

**Bournemouth
& Poole College**



Applied Science, Care
and Foundation studies
Bournemouth & Poole College
Care innovation Centre
North Road
Poole BH14 0LS

www.thecollege.co.uk



Dear applicant

RE: FdSc Nursing Associate

Please find attached an application pack for the Foundation Degree Nursing Associate, offered at Bournemouth & Poole College and validated by Bournemouth University.

The pack comprises of:

- Document Checklist
- Application Form
- Declaration & references

Please complete the forms electronically and once fully completed, send to;

Higher Education Unit
heunit@bpc.ac.uk

You can expect to receive a receipt of your application by email within 5 working days.

You will then also be notified of the shortlisting process and next steps, in due course.

Yours Sincerely,

Angelique Atack

atacka@bpc.ac.uk

Apprenticeship Delivery Manager

APPRENTICESHIP: FOUNDATION DEGREE NURSING ASSOCIATE

APPLICATION CHECKLIST

Upon submission of FdSc application please ensure that there is evidence of all of the following requirements. Photocopies should be attached at this point but please note that original certificates will be required at interview.

Please note that any application submitted without evidence of the qualifications below will not be considered.

The following checklist should be completed and submitted with the application.

APPLICANTS NAME:

Evidence	To be included- please tick
FdSc application form	
Level 3 Qualification in Health or Health and Social Care or equivalent	
Either Functional Skills @ Level 2 in Maths and English Or GCSE Maths and English @ Grade C or above	
Declaration	

Application Form

(Full time or Apprenticeship)



STUDENT ID (FOR OFFICE USE ONLY)

If you need help completing this form please ring 01202 205680.
PLEASE COMPLETE ALL SECTIONS OF THE FORM IN BLOCK CAPITALS.

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Personal details

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Applicants NOT born in the United Kingdom please complete this section:
Surname: <input type="text"/>		Previous surname: <input type="text"/>
Forename(s): <input type="text"/>		Country of birth: <input type="text"/>
Date of birth: <input type="text"/>	Age on 31 Aug 2023: <input type="text"/>	Your nationality: <input type="text"/>
Address for correspondence: Address: <input type="text"/>		Have you lived in the UK or other European Union/EEA country for the last 3 years?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Postcode: <input type="text"/>		Emergency contact#1: <input type="text"/>
Telephone: <input type="text"/>	Mobile: <input type="text"/>	Name: <input type="text"/>
Email address: <input type="text"/>		Telephone: <input type="text"/>
Parent/Guardian name, telephone and email address: <input type="text"/>		
National Insurance number (this will be required at point of enrolment at the latest)		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

What would you like to study?

First Choice: Full-Time Apprenticeship Both
Please write the name of the course you would like to study

Second Choice: Full-Time Apprenticeship Both
If you are applying for an Apprenticeship, you could also consider a full time course. Tick this as your second course choice and we will discuss this with you at

Please note: You will be invited to attend an interview for your first choice ONLY. If you would like an interview for both courses please tick here

If you are applying for an Apprenticeship, do you already have an employer? Yes No

Unsure about Which Course to Apply For?

If you are unsure about which course to choose and would like careers advice please tick the box

Most Recent school/College education

Give details of all exams taken or pending Subject	Level eg. GCSE	Results		Name of School
		Predicted	Actual	
Maths				
English				
Other				
Other				
Other				
Other				

Employment

Please enter previous and present employment in date order (you may include details of voluntary work).
 If you are applying for an Apprenticeship and your current employer is supporting you please tick here:

Employer's name and address	Nature of work	From (date)	To (date)

What do you Plan to do After Completing your College Course?

Additional support Questionnaire

1. Do you have any health or medical conditions?

Epilepsy Diabetes Allergies Asthma

Other – please give details:

2. Do you have a disability?

Yes No

If you answered 'Yes' to question 2 please give details:

3. Do you have a learning difference? (e.g. Dyslexia, Dyspraxia etc)

Yes No

If you answered 'Yes' to question 3 please give details:

4. Do you have a social worker or support worker?

Yes No

5. Do you have any mental health issues?

Yes No

If you answered 'Yes' to question 5 please give details:

6. Is English your second language?

Yes No

If you answered 'Yes' to question 6 please give details:

7. Is there any other support you would require whilst at College?

Yes No

If you answered 'Yes' to question 7 please give details:

8. Do you have an Educational Health Care Plan?

Yes No

If you require additional space for any questions, please use a separate sheet of paper

Please declare whether you have relevant* convictions or current proceedings against you. Yes No

*If you answer yes we will contact you and ask for more details. We are only interested in proceedings or criminal convictions that relate to violence, are of a sexual nature or involve unlawfully supplying controlled drugs or substances. If you fail to declare information it may result in disciplinary action being taken against you once you have enrolled at the college. You will need to declare ALL criminal convictions if you apply for a course in Support/Teaching or Childcare.

Please Return this Form to:

Dawn Lock lockd@bpc.ac.uk

The College Admissions team will acknowledge receipt of your application form (usually within 5 working days). If you have any queries regarding the progress of your application please contact Admissions on 01202 205680

All personal information that Bournemouth & Poole College holds is processed in accordance with current UK data protection legislation. The College is the data controller and contact details for our data protection officer can be found on our website [HYPERLINK "http://www.thecollege.co.uk"](http://www.thecollege.co.uk) www.thecollege.co.uk. The information you provide on this form will be used for providing the services outlined in this document. Your data may be shared with other public bodies for purposes of funding and regulatory compliance. We will contact you where necessary in order to provide the service detailed in this document. For more information about how we use your data, please see our full privacy notice at [HYPERLINK "http://www.thecollege.co.uk/privacy-notice"](http://www.thecollege.co.uk/privacy-notice) www.thecollege.co.uk/privacy-notice

The College is committed to equal opportunities. See our Equality and Diversity policy on The College website for more details. We may contact any recent education provider to request information. By signing this document you agree that your personal information can be processed and used in this way.

I confirm I have read the College Terms and Conditions and College Payment Policy. These can be found online - [thecollege.co.uk/policy](http://www.thecollege.co.uk/policy)

declaration

I confirm that to the best of my knowledge the information given on this form is correct.

Signature of applicant:

Date:

SECTION 2 INITIAL ASSESSMENT

Please state your reasons for applying for this Apprenticeship. In particular, please identify what **new skills** you are hoping to gain from this programme. This information will assist the college in ensuring that you are suitable for the programme.

Roles and Responsibilities: Please provide us with information about your current work duties.

SECTION 3 EMPLOYMENT

Current Job Title:			
Employer Name:			
Employer Address:			
Postcode:			
Line Manager Name (please print):	Line Manager Job Title:		
Line Manager Telephone Number:		Line Manager Email Address:	

SECTION 4 EDUCATION				
English and Maths qualifications (certified copies of achievements will be required)				
Qualification	Subject	Result / Grade	Date Achieved	APL (Office Use Only)
GCSE (or please state equivalent)	English			
GCSE (or please state equivalent)	Maths			
Prior qualifications including current highest level of qualification (please use additional sheets if required)				
Qualification	Subject	Result / Grade	Date Achieved	APL (Office Use Only)

SECTION 5 YOUR SIGNATURE

I confirm that the information I have provided is correct and understand that The College may take action against me if any information has been falsified or is incorrect. I understand that this may have an impact on my continued eligibility for my Apprenticeship.

Signed	Print	Date
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SECTION 6 YOUR EMPLOYER

I confirm that I have assessed this applicant as eligible for this apprenticeship programme, I have seen proof of their identity and will provide support to them during their Apprenticeship. I confirm that this applicant is eligible to live and work in the UK and is a permanent member of staff or is employed on a fixed term contract lasting as a minimum for the duration of the apprenticeship. As required by the Apprenticeships, Skills, Children and Learning Act 2009 (ASCLA)

Signed	Print	Date
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Appendix 1. DECLARATION OF CHARACTER & REFERENCES

Current Character Status

Self- declaration of character

I declare that my character is sufficiently good to enable me to practise safely and effectively

(Enter an 'x' in the appropriate box)

Yes

No

Declaration of a Criminal Record

The educational programme for which you have applied is exempt from the Rehabilitation of Offenders Act 1974. All convictions (either spent or unspent), cautions, reprimands and final warnings need to be disclosed to enter this programme. Because "enhanced" disclosure check is required you also need to include other non-conviction information that has a bearing on your suitability for the programme. This is any information that may be held on local police records.

Any offer of a place on the programme will be subject to a satisfactory enhanced criminal records disclosure.

(Enter an 'x' in the appropriate boxes)

Have you ever had any of the following?	Yes	No
Convictions		
Cautions		
Conditional discharges		
Reprimands		
Warnings		
Are you 'bound over' to keep the peace?		
Are you the subject of an Injunction to Prevent Nuisance and Annoyance (IPNA) or equivalent		
Are you currently the subject of any police investigation in the UK or any other country?		

Disqualification from Professional Practice	Yes	No
Have you been, or are you currently, the subject of an investigation by an employer?		
Have you been disqualified from the practice of a profession?		
Are you required to practise a profession, subject to specified limitations following fitness to practise proceedings, by a regulatory body in the UK or in another country?		
Are you currently the subject of any investigation or proceedings by any organisation having regulatory functions in relation to: health/social care/teaching professionals, including any regulatory body in another country?		

REFERENCES

Please give details of two referees the first of whom must be your immediate line manager. You should consult the guidance notes on who to nominate as your second referee.

Immediate line manager	2 nd referee
Title (Mr/Mrs/Miss/Ms/Mx/Dr etc.)	Title (Mr/Mrs/Miss/Ms/Mx/Dr etc.)
Name	Name
Job Title	Job Title
Work email address	Work email address
Tel. No.	Tel. No.
Address	Address
Post code	Post code
Relationship to applicant	Relationship to applicant