**SECTION 1: PERSONAL DETAILS**

|  |  |
| --- | --- |
| **First Name(s):**  |  |
| **Surname/Family Name:** |  |
| **Title:**  |  |
| **Previous Surname (if applicable):** |  |
| **Nationality:** |  |
| **Date of Birth:** |  |
| **Country of Birth:** |  |
| **Nominated Contact[[1]](#footnote-1):** |  |
| **Do you require a student visa to study in the UK?** | **Yes/No** |

**SECTION 2: ADDRESS & CONTACT DETAILS**

|  |  |
| --- | --- |
| **House number/name:** |  |
| **Street:** |  |
| **Town/City:** |  |
| **County:**  |  |
| **Postcode:** |  |
| **Telephone Number:** |  |
| **E-Mail Address:**  |  |

**SECTION 3: FIELD CHOICE**

|  |  |
| --- | --- |
| **Field Choice:**  |  |
| **Year of Entry:**  |  |

**SECTION 4: DISABILITY & STUDENT SUPPORT**

|  |  |
| --- | --- |
| **Disability, special needs or medical conditions:**  |  |
| **Further details:** |  |

**SECTION 5: PREVIOUS UNIVERSITY/COLLEGE QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **College/University Name** | **Course/Qualification Obtained** | **Dates**  | **Result/Grade** |
|  |  |  |  |
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**SECTION 6: PREVIOUS SCHOOL QUALIFICATIONS**

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| --- | --- | --- | --- | --- |
| **School Name:** | **Award Date** | **Qualification****(e.g., GCSEs, A level, BTEC)** | **Subject** | **Result/Grade** |
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**If you have any qualifications where the results are still pending, please provide further details:**

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| --- | --- | --- |
| **Qualification****(e.g., GCSEs, A level, BTEC)** | **Subject** | **Predicated Result/Grade** |
|  |  |  |
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|  |  |  |
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**SECTION 7: EMPLOYMENT HISTORY**

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| --- | --- | --- | --- |
| **Employer Name** | **From** **(Month & Year)** | **To** **(Month & Year)** | **Type** |
|  |  |  |  |
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| --- |
| **What is your most recent clinical practice experience?** |
| **Employer Name/Address** | **Department** | **From** | **To** | **Role/Job title** |
|  |  |  |  |  |
| **Please provide an outline of your main duties:** |
|  |

|  |
| --- |
| **Please outline where you will be undertaking your practical clinical experiences for the programme (if successful):** |
| **Please provide the full address:** |
| **Please denote that your identified clinical practice area has registered nurses who have undertaken the All-Wales SSSA training programme, and that you will be supported in your practice area by a Practice Supervisor and Practice Assessor:***\*Where these criteria isn’t met – please contact Angharad Jones, Scheme Coordinator for further advice.* |
|  |

**SECTION 8: SPECIFIC ENTRY REQUIREMENTS FOR THE CERTIFICATE IN HEALTHCARE EDUCATION PROGRAMME:**

|  |  |
| --- | --- |
| **Criteria** | **Certificates/evidence supplied as part of the admission process** |
| **Please complete either Part 1 or Part 2 below:** |  |
| **PART 1:**Level 3 qualifications such as:* 3 A-Levels – BCC/CCC
* The Welsh Baccalaureate Skills Challenge Certificate will be accepted in lieu of one A-Level (at the grades listed above)
* BTEC Extended Diploma – DMM-MMM
* BTEC Diploma – D\*D-DD
* Access to HE Diploma – Merit overall
* International Baccalaureate – 26-28
* European Baccalaureate – 26% overall
* Or any other equivalent qualifications
 |  |
| **PART 2:**Accreditation of Prior Experiential Learning Evidence |  |

**Additional Entry Requirements**

|  |  |
| --- | --- |
| GCSE\* (or recognised alternative) at a minimum grade C/4 in:* English/Welsh Language

and * Mathematics

*\*If applicants do not have these qualifications, then they will be supported to achieve these during the scheme duration* |  |

|  |  |
| --- | --- |
| Mandatory training compliance as stipulated by the applicant’s employer which meets programme skills mapping for Part 1, to include:* + Basic Life Support
	+ Moving and Handling
	+ Violence and Aggression
	+ Hand Hygiene
	+ Welsh Language Awareness
	+ Equality, Diversity and Inclusivity
	+ Safeguarding (Adults and Children)
	+ Infection Prevention and Control
	+ Data Governance
 |  |
| Good Health and Good Character assessment* Confirmation/evidence of Occupational Health screening (which is required within the applicant’s post/completed by your employer), providing any relevant information to the Healthcare Education Team, which may require consideration for reasonable adjustment or Fitness to Practise panel
* Confirmation/evidence of the completion of Enhanced Disclosure and Barring Screening (which is required within the applicant’s post/completed by your employer), with results meeting professional requirements. Relevant information will need to be provided to the Healthcare Education Team, which may require consideration for reasonable adjustment or Fitness to Practise panel
 |  |
| Application and approval for employer study leave, and Line Manager agreement  |  |

|  |
| --- |
| **Have you received an employer-required interview as part of your internal processes for study leave in order to apply for this Level 4 programme:** |
|  |

**SECTION 9: PERSONAL STATEMENT**

*For advice on what to include in your personal statement, please see -*

[*https://www.aber.ac.uk/en/undergrad/during-your-application/writing-a-personal-statement/*](https://www.aber.ac.uk/en/undergrad/during-your-application/writing-a-personal-statement/)

*(500 words max)*

|  |
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|  |

**SECTION 10: OPEN REFERENCES**

Please provide TWO references or letters of recommendation from independent referees. These could be recent employers/tutors at college/school or a professional person who is able to provide a character statement.

You can include the reference alongside your direct application submission, or it can be sent directly by your referee to ug-admissions@aber.ac.uk

**Please note that we cannot process your application until references have been received.**

**SECTION 11: DECLARATION**

*I confirm that the information I have provided is true, complete and accurate and no information requested or other material information has been omitted. I accept that if this is not the case, Aberystwyth University shall have the right to cancel my application and I shall have no claim against Aberystwyth University in relation thereto.*

*I confirm that I have been able to download this form from Aberystwyth University’s webpages myself, I have the knowledge and skills to complete this electronic form on my own and am able to use email programmes independently to submit my application as this provides evidence of my current capability for digital and technological literacy.*

*I also declare that, if admitted, I shall conform to Aberystwyth University’s terms and conditions and rules and regulations.* [Undergraduate Terms & Conditions  : Study With Us , Aberystwyth University](https://www.aber.ac.uk/en/study-with-us/ug-studies/terms-conditions/)*.*

*I understand that the information I have provided will be circulated to relevant members of staff for the purpose of processing this Direct Application. The application will be processed and retained as this information is deemed necessary for the University’s performance of tasks carried out in the public interest (GDPR Article 6(1)(e)) and under its contractual obligations (GDPR Article 6(1)(b)).*

*If sensitive information is included in the form as completed above, I give my consent for this to be used for the purposes of the application process.*

*I confirm that I have not applied to any other higher education provider via direct application and/or the Universities and Colleges Admissions Service (UCAS).*

*I understand that the submission of any misleading information during the admission process could lead to the immediate cancellation of my application and the withdrawal of any offer made.*

|  |  |
| --- | --- |
| **Signature:***(or digital signature)* |  |
| **Date:**  |  |

Return address:

Health Education Centre

Cert HE 2023

Faculty of Earth and Life Sciences

Aberystwyth University

Penglais Road

Aberystwyth

Ceredigion

SY23 3DU.

1. A nominated contact is an individual who you agree can talk to the University about your application. It is not compulsory to have a nominated contact. [↑](#footnote-ref-1)