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Authorisation for a NHS Yorkshire and the Humber/East Midlands funded place on a Professional Development programme.

Please ensure that this form is returned to the University of Sheffield at least five weeks before the start of each unit. If you are funded by NHS Yorkshire and The Humber or NHS East Midlands you must obtain signed approval from your Trust LBR lead and your line manager. If your application is not authorised, it will be returned to you for completion. This delay may result in you losing your place on your chosen programme.

Please list unit/programme which you are applying for **PLEASE USE BLOCK CAPITALS**

Programme Code	Title (eg Diploma in Clinical Practice, Current Concepts in Dentistry)	Number of academic credits	Academic level (eg diploma, degree, masters)	Start date

NHS TRUST CONFIRMATION OF SUPPORT

1. LINE MANAGER TO COMPLETE - I authorise the named applicant to attend programme/unit selected

Name (please print): _____ Designation: _____
Signature: _____ Date: _____

2. LBR LEAD TO COMPLETE - I confirm that this application is supported by the Trust named below.

Name of Trust: _____
Name (please print): _____ Designation: _____
Signature: _____ Date: _____

PERSONAL DETAILS

Surname/ Family name		Forename			
Previous Name		Title eg Mr/ Mrs/Ms/Prof			
Date of Birth	/ /	Gender (please tick)	M		F
Home Address				
Postcode		Telephone (home)			
Email		Telephone (mobile)			

Declaration

I hereby accept and agree to observe the Charter, Statutes, Ordinances and Regulations of the University of Sheffield, including those relating to health and safety, discipline, intellectual property rights and specific Safety Regulations of Departments and Divisions (available from Heads of Departments and Chairmen of Divisions).

Data Protection Act

I confirm that the personal data on this form is accurate and complete and I consent to it being processed by the University of Sheffield in accordance with its registration under the Data Protection Act 1998. I understand that this data will be used by the Higher Education Statistics Agency for statistical purposes, and by the NHS Yorkshire and The Humber/East Midlands for the purposes of recording professional awards and may be passed to the Council Tax Office of the local authority, and that the University may process my data for research purposes and market research. You should be aware that the information about your enrolment, attendance and progress at this establishment may be passed to the IND of the Home Office for purposes connected with immigration.

I hereby give my consent to the processing of the sensitive personal data, as defined by the Data Protection Act 1998, which I have provided separately to assist the University in monitoring its equal opportunities policy and socio-economic trends.

Signed..... Date.....

Please return this form to:
Centre for Health & Social Care Studies and Service Development
The University of Sheffield
Samuel Fox House, Northern General Hospital
Herries Road
Sheffield S5 7AU

Email: hscspd@sheffield.ac.uk

Website: www.shef.ac.uk/hscspd