 Faculty of Science

**School of Pharmacy and Biomolecular Sciences**

# Supplementary information for Application to study for the

# Level 7 Certificate of Professional Development in Medicines Use in Cancer

Please complete the online form at [*https://uaf.ljmu.ac.uk*](https://uaf.ljmu.ac.uk/) and upload the completed version of this form, along with the required documents (see below), before submitting

## How to apply

1. Select the programme that you would like to study from the drop-down menu – ensure that you choose the correct course (Medicines Use in Cancer), entry point (March or September), and year. The programme is studied by distance learning.
2. Complete the online application form, ensuring that you have provided details of your professional qualification and any other university qualifications (A-Level and GCSE/equivalent qualifications do not need to be listed)
3. Complete the supplementary information in this form & upload the completed form to your online application
4. Upload the following documents to your online application:
   1. Certificate(s) for any qualifications listed in your application
   2. A copy of your IELTS certificate (if English is not your first language and you have not previously completed a university level qualification in English)
   3. A copy of the Purchase Order authorising payment of the course from your place of work

*NOTE: all documents must be attached to your application within 24 hours of submission – if you wish to attach documents after this date, you will need to email them to the School office:* [*PBS-Office@ljmu.ac.uk*](mailto:PBS-Office@ljmu.ac.uk)

## About you

|  |  |
| --- | --- |
| Name: |  |
| Email address: |  |
| Healthcare Professional registration body: |  |
| Healthcare Professional registration number: |  |

## Present and previous health-related appointment(s)

|  |  |  |  |
| --- | --- | --- | --- |
| **Job title** | **Employer** | **Date started** | **Full time/WTE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Please give details for two professional or academic referees (one must be your current line-manager):

|  |  |  |
| --- | --- | --- |
| **Detail** | **Referee 1 (Line manager)** | **Referee 2** |
| Name: |  |  |
| Job title: |  |  |
| Telephone number: |  |  |
| Email address: |  |  |

## Please tell us why you want to study this programme:

|  |
| --- |
|  |

## Please tell us about your PAST EXPERIENCE of working with medicines in cancer care:

|  |
| --- |
|  |

## Please tell us about your CURRENT role working with medicines in cancer care, including what direct patient contact you have[[1]](#footnote-1):

|  |
| --- |
|  |

## Fees

|  |  |
| --- | --- |
| Where were you born? | UK or EU / Outside EU |
| *If ‘’Outside EU”, please state:* | |
| Date of first entry to EU: |  |
| Date of most recent entry to EU: |  |
| Date from which you have been  granted permanent residence in the EU: |  |

If you were born outside of the UK, you may be asked to complete additional documentation to confirm your fee status. These forms will be forward to you by email, please ensure they are completed and returned as soon as possible.

Please choose one of the following options to indicate who will be paying the programme fees:

|  |  |
| --- | --- |
| I will be paying the **full** programme fee personally | Yes / No |
| My employer will be paying the full programme fee *(please submit a copy of your purchase organisation which will include name and a purchase order number)* | Yes / No  *Organisation:*  *PO Number:* |
| Both I and my employer are taking **joint responsibility** for paying the programme fee  *(Please indicate the proportion that each party will pay and submit a copy of your purchase which will include organisation name and a purchase order number)* | Yes / No  My employer will pay: %  I will pay: %  *Organisation:*  *PO Number:* |

## Declaration

By submitting this application, I declare that the information given in the application is accurate and true to the best of my knowledge. I agree to honour any commitments that I have made to pay course fees. I agree to the university sharing information with my employing organisation if any concerns regarding my Fitness to Practise or the level of support that I require are raised through my studies.

Please note that a partially completed application will cause delays and may result in you not be offered a place for your chosen start date

1. This should be sufficient to allow you to complete patient case profiles [↑](#footnote-ref-1)