**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):** |  |
| **Previous NMC PIN:** |  |
| **Expiry Date:** |  |
| **Please provide a photo of your previous NMC PIN Card or a Statement of Entry issued by the NMC:** |  |
| **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: COURSE CHOICE**

|  |  |
| --- | --- |
| **Course:**  |  |
| **Year of Entry:**  |  |
| **Preferred clinical base/adult field specialism for hub practice placement:** | **1.****2.** |

**SECTION 4: DISABILITY & STUDENT SUPPORT**

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

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

**Pre-Registration Nurse Training**

|  |  |
| --- | --- |
| **Qualification obtained:*****(Professional and academic)*** |  |
| **Result/Grade:** |  |
| **Name of University:** |  |
| **Dates:** |  |

**Post-Registration Nurse Training**

|  |  |
| --- | --- |
| **Qualification obtained:*****(Professional and academic)*** |  |
| **Result/Grade:***(if applicable)* |  |
| **Name of University:** |  |
| **Dates:** |  |

|  |  |
| --- | --- |
| **Qualification obtained:*****(Professional and academic)*** |  |
| **Result/Grade:***(if applicable)* |  |
| **Name of University:** |  |
| **Dates:** |  |

**Other Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **School/College/University Name** | **From** **(Month & Year)** | **To** **(Month & Year)** | **Mode of Study** |
|  |  |  |  |
|  |  |  |  |
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**SECTION 6: QUALIFICATIONS**

**Please provide copies of certificates of your qualifications with this application form**

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| --- | --- | --- | --- |
| **Award Date** | **Qualification****(e.g. 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. A level, BTEC)** | **Subject** | **Predicated Result/Grade** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Do you have a GCSE (or recognised alternative) in Mathematics at grade C/4?** | **Yes/No** |
| **If yes, please provide further details:** |  |
| **If no, please provide evidence of equivalent numeracy skills through prior experiential practice-based skills:** |  |
| **Do you have a GCSE (or recognised alternative) in English at grade C/4?** | **Yes/No** |
| **If yes, please provide further details:** |  |
| **If no, please confirm that you meet the NMCs English language requirements as outlined here:** [English language requirements - The Nursing and Midwifery Council (nmc.org.uk)](https://www.nmc.org.uk/registration/joining-the-register/english-language-requirements/)  |  |

**Please note that as part of the application process, you will need to:**

**Complete a short drug calculation test (which will hosted using a digital/electronic platform; navigating the electronic requirements of completing this test will demonstrate both your digital and technological literacy capability)**

**Complete, as part of the Good Health and Character requirements, our Occupational Health screening check and Enhanced Disclosure and Barring screening, with results meeting professional requirements**

**SECTION 7: RECOGNITION OF PRIOR LEARNING [RPL]**

|  |
| --- |
| The NMCs Return to Practice Standards (1.6) requires AEIs to ‘*consider students’ prior learning and experience in relation to the standards of proficiency, programme outcomes, and the students intended scope of practice upon readmission’*Therefore, you may have relevant experiences or practice hours which can contribute towards meeting some of the RtPs programme’s outcomes which are in line with the Future Nurse Standards of Proficiency for Registered Nurses (NMC, 2018). If you believe this applies to you, please contact RtPs Admission Tutor to explain the RPL process fully to you. |
| **RPL evidence included as part of this application:** |
| **YES** | **NO** |

**SECTION 8: EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:** |
|  |

**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 nrsstaff@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.* [*www.aber.ac.uk/en/undergrad/apply/terms-conditions*](http://www.aber.ac.uk/en/undergrad/apply/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:*

*Admissions Team,*

*Healthcare Education Centre*

*Aberystwyth University,*

*Penglais Road,*

*Aberystwyth,*

*SY23 3DU*

Or email to: nrsstaff@aber.ac.uk

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)