# Appendix A: BIA module application form

**WORD VERSION OF THE 2025-26 APPLICATION FORM IS ALSO AVAILABLE FROM THE** [**PD TEAM**](mailto:pd@uwe.ac.uk) **OR** [**BIA MODULE LEADER**](mailto:rachel2.hubbard@uwe.ac.uk)**.**

All five sections of this form **must** be completed and signed by the applicant, the applicant’s line manager, where relevant, and the local authority DoLS team supporting your access to BIA practice observations before submitting with your application for the BIA module.

Once you have completed this form, please upload it with:

* Evidence of your professional qualification (e.g. university certificate of social work, nursing, occupational therapy or psychology qualification)
* Evidence of your Enhanced DBS check, if you are self-funding

To the UWE CPD Portal as part of your module application.

If you do not upload **all required documents**, you will not be approved to register on the UWE BIA module. Once your application has been submitted, it will be reviewed by the BIA module leader who may ask for additional evidence, if necessary.

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| **Section 1** | |
| **Name of BIA module applicant** |  |
| **Planned BIA module start date**  e.g. October or March and year of study |  |
| **Highest level of academic study to date** |  |
| **Most recent academic study** |  |
| **Profession** | Social worker / nurse / occupational therapist / chartered psychologist (delete as applicable) |
| **Year qualified**  Please upload evidence of your qualification with this completed form |  |
| **Qualifying awarding body**  e.g. university |  |
| **Professional regulatory body**  e.g. Social Work England, Social Care Wales, Health and Care Professions Council, Nursing and Midwifery Council or chartered psychologist list of British Psychological Society |  |
| **Applicant professional body registration number** |  |
| **Date of most recent Enhanced DBS check**  Please attach evidence with your application if you are self-funding on this module |  |
| **Number of most recent Enhanced DBS check** |  |

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| **Section 2** |
| **Readiness to study**  Please describe in **500-600** words:   * Why you want to become a BIA * Why you consider that you are ready to train to become a BIA * Your confidence in applying relevant law to professional practice * Your commitment to human rights based practice   Please include reference to **relevant** practice experience, experience of applying mental capacity and human rights law, and academic achievements to date. You are not being asked to provide a generic CV. You may refer to the 6 BIA Capabilities (Appendix B) in your personal statement to evidence your existing relevant experience and identify where there are gaps in your knowledge. |
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| **Section 3** | |
| **Level of study**  This module can be studied at either level **6** (aka final year of undergraduate degree) or **7** (aka Masters) at no additional cost. The teaching and assessment are the same for both levels but the expectation of academic ability at level 7 is higher, requiring more reading and critical analysis. The pass mark is higher at Level 7 (**50%** instead of 40% at level 6).  We recommend you ***only*** choose level 7 study if you have been successful in your studies at this level before, are confident in your abilities, have time for study and need academic credits at this level for wider post-graduate study. Once you have started the module teaching there is a limited time period in which you can change your level of study. We have a significant minority of students who have not passed the module at level 7 where they could have at level 6, which has implications for both you and those funding your study. | |
| **Indicate your chosen level of study** | Level 6 / Level 7 (delete as applicable) |

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| **Section 4** | |
| **BIA applicant agreement**  By signing below, you have agreed to:   * Your marks being shared with your sponsoring employer, where relevant. * Confirm that you are not under investigation or suitability procedures with your professional regulator or the Disclosure and Barring Service and are not under investigation or have received any criminal conviction that have not been declared to your professional regulator. You are aware of your responsibility to notify the UWE Bristol module team if any concerns are raised during your course of study. * Any areas of practice that give cause for concern may be shared with your sponsoring employer and the local authority supervisory body providing your BIA observations under relevant safeguarding and/or professional suitability processes. * You are aware of the implications of the choice of level of study on this BIA module.   Electronic signature e.g. photo of your signature is preferred. | |
| **Signature of BIA module applicant** |  |
| **Date** |  |

Please complete **either A or B** below depending on whether you are:

1. Being sponsored by your employer to study on the BIA module **OR**
2. You are studying independently/self-funding

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| 1. **BIA applicant manager’s agreement**   If you are being supported by your employing agency to undertake this BIA qualifying module, please ask your line manager to sign below to evidence their agreement that you will be:   * Released from your usual duties to attend teaching on this module * Supported with independent study, as agreed within your organisation, to enable you to complete learning activities within and outside of the taught days and complete the module assessment tasks   Electronic signature e.g. photo of your signature is preferred. | |
| **Signature of applicant line manager** |  |
| **Applicant line manager role** |  |
| **Applicant line manager organisation** |  |
| **Date** |  |

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| 1. **Independent/self-funding applicant**   If you are not sponsored by an employer to complete this qualification and you are self-funding your place, please sign below.  By signing this you have agreed that:   * You are aware you are responsible for organising your own observations of BIA practice with a supervisory body (local authority DoLS team) * You are responsible for organising and evidencing your own Enhanced DBS check   Electronic signature e.g. photo of your signature is preferred. | |
| **Signature of self-funding BIA module applicant** |  |

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| **Section 5** | |
| **BIA observation agreement**  You must have the support of a local authority (or health board in Wales) DoLS supervisory body, whether you are sponsored by an employer to study to become a BIA or are studying independently, so that you can access at least two opportunities to observe qualified BIA practice. This is compulsory in order to complete the module assessments. Please ask a contact at your supporting local authority DoLS supervisory body to complete this form to confirm you will have access to these opportunities.  Electronic signature e.g. photo of your signature is preferred. | |
| **Name of supporting supervisory body** |  |
| **Supporting applicant as:**  Delete as applicable | Sponsor e.g. funding student and observation  **OR**  Observation only e.g. self-funding student |
| **Name of contact at supporting supervisory body** |  |
| **Signature of contact at supporting supervisory body** |  |
| **Date signed** |  |

Once this document is completed and signed, please upload it to the UWE Bristol portal with your:

* Evidence of your professional qualification
* Evidence of most recent Enhanced DBS check

If further documentation or clarification is required, we will be in touch.

If you need guidance on completing this form, please contact the BIA Module Leader: [rachel2.hubbard@uwe.ac.uk](mailto:rachel2.hubbard@uwe.ac.uk)

If you need assistance with uploading this form or applying online, please contact the Professional Development team at: [pd@uwe.ac.uk](mailto:pd@uwe.ac.uk)