**Injection Module UZYYRC-20-M Application Form**

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| **Section One** |
| **Applicant Name:**  **Employing Organisation Name:** |
| **Please provide details of your job role and your current area of practice:** |

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| **Section Two** |
| **I confirm that I meet the following admission requirements for Injection Therapy UZYYRC-20-M as stated below:** |
| I am registered with a recognised professional / regulatory body appropriate to my profession e.g. HCPC / NMC / GMC / other (please specify):  Registration organisation and number: |
| I have had a minimum of 3 years practice in the assessment and management of musculoskeletal conditions |
| I am currently working in an area / role where injection therapy is practiced |
| I have appropriate computer skills e.g. to be able to attach documents to emails, complete word documents etc |
| I have a designated clinical supervisor in place. |

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| **Section 3** |
| **Clinical Supervisor details:** |
| **Name (as shown on professional register):**  **Email address:** |

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| **Declaration**  I confirm that the information contained within this application is accurate.  I understand that:   * I will not be accepted onto the course until the application form and any other required paperwork is uploaded to the CPD portal.   You can log in to the CPD portal to check the status of your application, or to upload additional paperwork, by clicking on this link: <https://mycpd.uwe.ac.uk/users/sign_in> |
| **Signature of student (e-signature accepted):** |
| **Date:** |

**\*\*Please ensure you have completed all three sections of this form and upload this with your online application.**\*\*