We are really pleased that you are interested in a Graduate Certificate in Surgical Nursing Practice at the Faculty of Health and Life Sciences, Oxford Brookes University.

To help you through the application process there is a checklist in this pack which highlights everything that you will need to return to us in order to be considered for a place.

**Application form**
You will see from the front of the application form that there are the usual requests for information that you will be accustomed to. However, it is important you look on the back page as well and take care to fill in all the compartments.

**Reference**
With regard to a reference you will see that we provide a ‘manager’s support’ form. This form is designed to save time in your clinical area and replaces the traditional written reference. You do not need to name an additional referee on the application.

**Funding**
The funding form is only to be completed for those applicants being sponsored by an NHS Trust within South Central Strategic Health Authority under the CORE Learning Beyond Registration (LBR) contract. This includes all NHS Trusts in Oxfordshire, Berkshire and Buckinghamshire and the South Central Ambulance Service. For this you are required to fill in the form and tick one of the options regarding funding. Your Trust Education Lead will need to sign and confirm the module/s you are being sponsored to study under the CORE LBR contract. The named education leads for the Trusts are listed on page 2 of the form.

At www.Brookes.ac.uk you will find further information about studying at our Faculty. Programmes at the Faculty of Health and Life Sciences are consistently given high ratings in Quality Assurance Agency reviews. As we receive a high volume of applications, we recommend that you read the information provided closely and act early in order to avoid disappointment.

If you have any specific questions that are not covered in this application pack or on the web, then please feel free to contact me via email cscshsc@brookes.ac.uk, or by phone on 01865 483017.

We look forward to hearing from you and assisting you in making your decision.

Kind regards

Sherene Charles
Programme Administrator
Checklist of Documents

<table>
<thead>
<tr>
<th>Item</th>
<th>✔</th>
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<tbody>
<tr>
<td>Covering letter</td>
<td>✔</td>
</tr>
<tr>
<td>General Course Information</td>
<td>✔</td>
</tr>
<tr>
<td>Application Form</td>
<td>✔</td>
</tr>
<tr>
<td>Manager’s Support Form</td>
<td>✔</td>
</tr>
<tr>
<td>Funding Statement for South Central SHA applicants</td>
<td>✔</td>
</tr>
</tbody>
</table>

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Checklist of Documents to Return with your Application

<table>
<thead>
<tr>
<th>Item</th>
<th>✔</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Form</td>
<td>✔</td>
</tr>
<tr>
<td>Manager’s Support Form</td>
<td></td>
</tr>
<tr>
<td>Funding Statement for South Central SHA applicants</td>
<td></td>
</tr>
</tbody>
</table>

If you can tick all the above boxes you are ready to return your application form.
Graduate Certificate in Surgical Nursing Practice

(Application Code CSN)

Key details

This is a 60 CATS credit level 6 Graduate Certificate composed of three modules. It is for registered nurses who wish to develop specialist knowledge and skills in the care of surgical patients. It will enable you to support patients undergoing surgical procedures. The course is run over two semesters (two single modules in Semester 1 and one double module in Semester 2).

This course comprises of two single modules and one double module:

- Module U47172 Introduction to Patient Assessment
- Module U47179 Adult care of the Acutely Ill or Deteriorating Patient
- Module U47193 Care of the Surgical Patient

Successful completion of this course allows you to exit with a Graduate Certificate in Surgical Nursing Practice which is 60 CATS Credits at Level 6.

Completion of the Graduate Certificate will provide evidence of knowledge and understanding of caring for surgical patients. Credit may be used towards the Student Designed Award degree programme (HC30).

MODULE DESCRIPTIONS

**INTRODUCTION TO PATIENT ASSESSMENT**

**Module U47172**

15 CATS Credits at Level 6

Semester 1
Alternate Wednesdays all day
OR
Semester 2
Alternate Mondays all day

150 hours of student effort incl.
30 hours university contact time

This practice module will provide students with the opportunity to develop knowledge and skills in patient assessment. The module will provide students with the opportunity to examine and explore common themes and concepts underpinning the speciality of critical and specialist care. The module will provide students with the opportunity to think critically and logically about issues pertinent to assessment of the acutely, critically ill or deteriorating patient. The module encompasses shared learning across the critical and specialist care field.

The module assessment comprises of: An Objective Structured Clinical Examination (OSCE), a Multiple Choice Question (MCQ) paper and clinical competencies.
### Adult Care of the Acutely Ill or Deteriorating Patient

**Module U47179**

15 CATS Credits at Level 6  
Semester 1  
Alternate Wednesdays all day  
150 hours of student effort including 24 hours university contact time

This module will provide students with the opportunity to develop their knowledge, skills and understanding of assessment, planning, delivery and evaluation of care relevant to acutely ill or deteriorating patients within the area of acute care. It explores the following themes:

- Anatomy, physiology and pathophysiology in relation to common acute or deteriorating patient scenarios encompassing cardiac, renal, respiratory, neurological and gastrointestinal conditions
- Knowledge and skills in monitoring and in prompt recognition and management of the acutely ill/deteriorating patient and how this informs practice
- Understanding the relevance of evidence-based practice and apply it to decision making

The module assessment comprises of: *A classroom test and clinical competencies*

### Care of the Surgical Patient

**Module U47193**  
30 CATS Credits at Level 6  
Semester 2

This honours level double practice module will provide students with the opportunity to develop their knowledge, skills and understanding of assessment, planning, delivery and evaluation of care relevant to the surgical patient.

Students will gain practical experience of caring for these patients in the surgical environment. The module will provide students with the opportunity to think critically and logically about issues pertinent to surgical care.

The module assessment comprises of:

*Completion of a 2000 word assignment, a 20 minute poster presentation including a 300 word abstract and achievement of practice learning outcomes.*

---

### Your Next Step

Applicants who meet the following criteria are eligible to take this course:

- Be registered nurse practitioner with the Nursing Midwifery Council
- Have support of the manager for your practice area
- Have an agreed mentor who can directly supervise and assess you
- Be able to produce evidence of ability to study at the required level
- Be successful in the selection process for this course
➢ Be employed or have access to a health care setting that will enable achievement of the learning outcomes.

If you meet these criteria, your next step is to submit an application form with all the required documents. Applications are dealt with on a first come, first served basis. Please act early to avoid disappointment.

If you are ready to apply then please request an application pack where you will find a ‘Checklist of Required Documents.’

Course Fees

Funding arrangements vary across the country. Oxford Brookes University has contracts with the South Central Strategic Health Authority (covering the geographical areas of Oxfordshire, Berkshire East and West, and Buckinghamshire). Your module fees may be paid if you practice within the areas detailed above. However, before an application can be accepted, the relevant Trust Education Lead must have signed your funding statement, which is contained within the application pack. For your information, the cost for those students who self fund can be obtained from the Programme Administrator.

If you would like further information about the Care of the Surgical Patient short course, or would like to receive an application pack, please contact:

Programme Administrator
Tel. 01865 483017 or email scharles@brookes.ac.uk

Other study opportunities
We offer a full range of post-qualification / postgraduate single modules, short and long award bearing courses for health and social care professionals. For more information about our courses, go to our website: http://shsc.brookes.ac.uk/courses
Associate Application Form (M2): notes for guidance

Before completing the form, PLEASE ENSURE THAT YOU READ THESE NOTES FOR GUIDANCE CAREFULLY.

Exclusions
You should not use this form when applying for full-time/part-time degree courses, postgraduate associate modules or postgraduate degrees

Completion of the form
Please ensure that the form is completed neatly using black ink.

Personal details
Complete this section in BLOCK CAPITALS.

Disability or special needs
In the box, please enter the code, which is most appropriate to you from the list of statements below. Describe your condition in the space provided and where it is not obvious (e.g. with unseen disabilities), indicate whether you have special needs.

Disabilities/support required:
0 None.
1 You have a specific learning difficulty (for example, dyslexia).
2 You are blind or partially sighted.
3 You are deaf or hard of hearing.
4 You use a wheelchair or have mobility difficulties.
5 You have Autistic Spectrum Disorder or Asperger Syndrome.
6 You have mental health difficulties.
7 You have a disability that cannot be seen, for example, diabetes, epilepsy or a heart condition.
8 You have two or more of the above.
9 You have a disability, special need or medical condition that is not listed above.

Criminal convictions
To help us reduce the risk of harm or injury to our students caused by the criminal behaviour of other students, we must know about any relevant criminal convictions you have.

Relevant criminal convictions are only those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974) are not considered to be relevant and you should not reveal them (but see the next paragraph).

If you are applying for courses in teaching, health, social work and courses involving work with children or vulnerable adults, you must tell us about any criminal convictions, including spent sentences and cautions (including verbal cautions) and bindover orders. For these courses, you may need an ‘enhanced disclosure document’ from the Criminal Records Bureau or the Scottish Criminal Record Office Disclosure Service. We will send you the appropriate documents to fill in.

Courses in teaching, health, social work and courses involving work with children or vulnerable adults.

For these courses, you must tick the box if any of the following statements apply to you.

a I have a criminal conviction.
b I have a spent criminal conviction.
c I have a caution (including a verbal caution).
d I have a bindover order.
e I am serving a prison sentence for a criminal conviction.

If statement e applies to you, you must also give the prison address as your postal address under the personal details section of the application form and a senior prison officer must support your application.

All other courses
For these courses, you must tick the box if either of the following statements applies to you.

a I have a relevant criminal conviction that is not spent.
b I am serving a prison sentence for a relevant criminal conviction.

If statement b applies to you, you must also give the prison address as your postal address under the personal details section of the application form and senior prison officer must support your application.

Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974) are not considered to be relevant and you should not reveal them.

If you enter a tick in the box you will not be automatically excluded from the application process. However, we may want to consider your application further or ask for more information before making a decision.

If you are convicted of a relevant criminal offence after you have applied, you must tell us. Do not send details of the offence, simply tell us that you have a relevant criminal conviction. We may ask you for further information.

You may find the following website useful: Criminal Records Bureau www.crb.gov.uk

Fee status
If you live in the UK state your area of permanent residence: for Scotland, the District or Islands Area (eg Clackmannan); for Greater London, the London Borough (eg Enfield); for the former Metropolitan counties give the district (eg Sefton); for the rest of the UK, the County (eg Dyfed). If you live outside the UK state the country (eg Italy) where you are living as the area of permanent residence.

Reference
Please provide full contact details, failure to do so will result in a delay to your application.

Normally your referee would be one of the following:

1 The Head of your present or last school
2 Principal of your College of Further Education
3 Course tutor of your present or last course of studies
4 Access course tutor

continued over page...
If you have been out of education for some time, you may wish to consider one of the following:

- Your current or last employer, training officer or careers adviser.
- If you belong to a relevant organisation (voluntary or not), an officer of that organisation.
- If you have any difficulty in identifying a suitable referee you should contact the Admissions Office for advice.

**Education**

Enter the exact subject name used by the examining board in full. Applicants with qualifications obtained in a language other than English should attach a certified English transcript to the form.

**Module selection**

Please indicate here the area of interest, or the module(s) you wish to study, specifying both the name(s) and number(s) and the semester in which the module runs.

**Declaration**

Please read the declaration on the application form carefully. You must sign it or we cannot process your application. When you sign the form, you agree to follow these conditions:

- The information you have given is complete and accurate.
- You have the right to cancel your application through us. You can do this by writing to us within 10 working days of the date of our official offer letter to you.

Your application will normally be confidential between:

- you, your referees and the appropriate staff at the University;
- your school, college or training organisation and your exam board or awarding body;
- your student support assessment body; and/or The Student Loans Company, if relevant;
- in the case of international applicants, the British Council or appropriate agency.

However, we try to detect and prevent fraud, and have the right to give outside organisations, including the police, the Home Office, local authorities, exam boards or awarding bodies and the Benefits Agency, relevant information from your application form.

If we believe that you or your referee have left out any information or given false or misleading information, we may take any necessary steps to check whether it is accurate or complete.

We may, at any time, ask you, your referee or your employer to provide more information about your application (for example, proof of identity, status, qualifications or employment history).

We may use information from your application form to collect statistics. We will not tell any other organisation or publish any information that could identify you.

If you accept an offer of a place from the University, you must accept the terms and conditions in our prospectus (under ‘Conditions and Acceptance’). You must read these terms and conditions carefully.
# Modular Programme

Application for a place as an Associate Student on the Modular Programme

<table>
<thead>
<tr>
<th>Proposed start date</th>
<th>Part-time or full-time</th>
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</table>

## Personal details

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Surname</td>
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<tr>
<td>First name</td>
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<td>Country of birth</td>
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<tr>
<td>Home address</td>
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<tr>
<td>Postcode</td>
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<tr>
<td>Daytime telephone number</td>
<td></td>
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<tr>
<td>Email address</td>
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</table>

## Disability/Special Needs

Please enter the appropriate code in this box if you have a physical or sensory disability which might in some way affect your studies or may require special facilities or treatment. (See guidance notes.)

Please clarify the type of disability or special needs

## Criminal convictions

If you have a relevant criminal conviction enter X in the box. (See notes for a definition of relevant criminal conviction.)

## Fee status

<table>
<thead>
<tr>
<th>Country of domicile or area of permanent residence</th>
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</table>

Applicants not born in the European Union please state:

<table>
<thead>
<tr>
<th>Date of first entry to the EU</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>Date of most recent entry to the EU</td>
<td>Day</td>
<td>Month</td>
<td>Year</td>
</tr>
<tr>
<td>Date from which you have been granted permanent residence in the EU</td>
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</table>

## Nationality

## Reference

Name and address of Referee

<table>
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<tr>
<th>Daytime telephone number:</th>
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</table>

## Student/Employment status

If student, state course and college

If staff at Brookes, state Dept and position

If employed, state where and nature of work

## Education or other relevant experience from age 16

Give names and towns of establishments attended in chronological order

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Full-time or Part-time</th>
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<td>Month</td>
<td>Year</td>
<td>Month</td>
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## Examinations taken

Examining body

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<thead>
<tr>
<th>Examinations taken</th>
<th>Exam date</th>
<th>Subject</th>
<th>Level</th>
<th>Result</th>
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<tbody>
<tr>
<td>Examining body</td>
<td>Month</td>
<td>Year</td>
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</table>

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<thead>
<tr>
<th>Exam date</th>
<th>Subject</th>
<th>Level</th>
<th>Result</th>
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</thead>
<tbody>
<tr>
<td>Month</td>
<td>Year</td>
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</table>
# Modular Programme

**Module selection**

Please indicate here the area of your interest, or the module(s) you wish to study, specifying both the name(s) and number(s) and the semester in which the module runs. Part-time associates cannot apply for more than five modules over the academic year or 3 modules in any one semester as this would be classed as full-time.

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Please indicate here your reasons for applying to study as an Associate Student

**IMPORTANT**

**Continuing as an Associate from one year to the next**

If you are accepted as an Associate Student and you wish to register for further modules each semester or from one year to the next, you will not have to re-apply on an M2 application form. Further modules should be registered on an M100 form, obtainable from the Student Administration Office or from the rack outside the office.

**DECLARATION**

I confirm that the information given on this form is complete and accurate and no information requested or other material information has been omitted. I give my consent to the processing of my data by Oxford Brookes University. I have read the Conditions of Acceptance laid out in the Prospectus and undertake to be bound by those conditions.

Applicant’s Signature ................................................................. Date .................................................................

**FOR CO-ORDINATOR’S USE**

Co-ordinator’s decision Unconditional [ ] Conditional [ ] Reject [ ]

Comments (conditions)
Manager’s Statement of Support

The purpose of this form is to indicate to the University that the applicant has applied with the knowledge of their manager, and that the student will be provided with placement support where the learning outcomes will be achieved. Arrangements regarding study leave and support are entirely between the applicant and their manager.

Student name: ............................................................

Short Course applied for: ...........................................

Over 1 or 2 years: .....................................................

The short course may be taken over a year. There is also the option of studying over two years to complete the course, where applicable, subject to your manager's approval.

Brief student’s supporting statement for manager’s information
Please state why you wish to take this course and how it might impact on your professional practice.

Manager’s agreement to support this candidate’s application for the programme.

Thank you for agreeing to provide support to the above student undertaking a post-qualifying programme at Oxford Brookes University. Would you please confirm that the learning opportunities relevant to the learning outcomes/competencies for the programme that the student is undertaking are available in the workplace area or through negotiated visits in local placement areas, by ticking the box. ☐

Or, if the student is unable to meet all of the relevant learning outcomes/competencies for the programmes in their workplace, identify the area of speciality that they will require placement/s in. .................................................................

If the student is required to have an alternative placement please confirm it the student has an up-to-date CRB and Occupational Health clearance (please tick box as appropriate).

☐ Yes ☐ No

Manager signature: ....................................................

Date: ..............................................................

Manager’s name: ....................................................

Clinical Area: ...........................................................

Hospital (if applicable): .............................................

Manager’s e-mail: ...................................................

Manager’s telephone number: .................................

Manager’s name: ....................................................

Clinical Area: ...........................................................

Hospital (if applicable): .............................................

Manager’s e-mail: ...................................................

Manager’s telephone number: .................................
LBR CORE FUNDING STATEMENT, TO BE RETURNED WITH APPLICATION FORM
(Please complete ALL sections)

Name: Your name must appear here identically to how it does on your health care registration, including middle names if you have used them.

Practice area (e.g. cardiology/GP surgery/community): Hospital/Institution (eg John Radcliffe Hospital):

Professional body registration number:

e.g. NMC PIN, HCPC registration

Certificates of attainment cannot be given unless we have your registration number from your professional governing body.

Please list the module(s) name & number OR short course title and code: NHS Financial Year:......................
1……………………………………………………………………………………………………………………………………
2……………………………………………………………………………………………………………………………………
3……………………………………………………………………………………………………………………………………
4……………………………………………………………………………………………………………………………………

Tick relevant box below for level of study:

☐ Associate - number of modules to be taken ...... or full short course ☐
☐ Dip HE ☐ BA ☐ BSc ☐ BA Hons ☐ BSc Hons ☐ PG Cert ☐ PG Dip ☐ MSc

Course/module commencement date: ........................... Intended completion date: ...........................

To be completed by your Trust Education lead:

Trust Education Lead’s Signature................................. Date:...........................................

Trust Education Lead’s Name (please print)........................................................................................................

I work within Health Education England - Thames Valley (LETB) in one of the following Trusts (please tick)

<table>
<thead>
<tr>
<th>Trust</th>
<th>Tick</th>
<th>Trust</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Berkshire NHS Foundation Trust</td>
<td></td>
<td>Oxford University NHS Trust</td>
<td></td>
</tr>
<tr>
<td>Berkshire Healthcare NHS Foundation Trust (Mental Health &amp; inc. E &amp; W Berks PCT)</td>
<td></td>
<td>Oxford Health NHS Foundation Trust</td>
<td></td>
</tr>
<tr>
<td>Buckinghamshire Healthcare NHS Trust</td>
<td></td>
<td>South Central Ambulance Service NHS Foundation Trust</td>
<td></td>
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<tr>
<td>Milton Keynes General Hospital NHS Foundation Trust</td>
<td></td>
<td>Southern Health NHS Foundation Trust (Previously - Ridgeway Partnership) (Learning Disability)</td>
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</tr>
<tr>
<td>Milton Keynes Community Healthcare</td>
<td></td>
<td>Heatherwood and Wexham Park NHS Foundation Trust</td>
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</tbody>
</table>

Office Use Only:

University Course Code ...................... Speciality Code.............. Continuing Student ☐
# LBR CORE Trust Sign Off

<table>
<thead>
<tr>
<th>NHS Trust Requiring Sign Off</th>
<th>Trust Education staff who can sign off applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire Healthcare NHS Foundation Trust</td>
<td>Mette Laszkiewicz, Julie Bennetts, Glenis Henry, Herjee Chana</td>
</tr>
<tr>
<td>Buckinghamshire Healthcare NHS Trust</td>
<td>Jan Marote, Monica Mendonca</td>
</tr>
<tr>
<td>Heatherwood and Wexham Park Hospitals NHS Foundation Trust</td>
<td>Jenny Simmons</td>
</tr>
<tr>
<td>Milton Keynes Community Healthcare</td>
<td>Alison Drage</td>
</tr>
<tr>
<td>Milton Keynes Hospital NHS Foundation Trust</td>
<td>Sue Coombes, Wendy Bowes</td>
</tr>
<tr>
<td>Oxford University Hospital NHS Trust</td>
<td>Sarah Stephenson, Laura Klee</td>
</tr>
<tr>
<td>Oxford Health</td>
<td>David Slingo, Sue Byrne, Julie Whelan Julie Anderson,</td>
</tr>
<tr>
<td>Oxford Health Non-Medical Prescribing only</td>
<td>Sue Haines</td>
</tr>
<tr>
<td>Southern Health NHS Foundation Trust</td>
<td>Katharine Kerr, Louise Hartland</td>
</tr>
<tr>
<td>Royal Berkshire NHS Foundation Trust</td>
<td>Joan Potterton, Jo Sandy</td>
</tr>
<tr>
<td>South Central Ambulance Service NHS Trust</td>
<td>Ian Teague, Christina Fowler, Heather Knight</td>
</tr>
</tbody>
</table>

*Updated 5/6/14 (AF)*