



Manchester  
Metropolitan  
University



Manchester  
**Burns Course**

# Application for Manchester Burns Course

## Biographical Information

**Title** (Dr/Mr/Mrs/Miss/Ms)

**Surname / Family name**

**Firstname**

**Gender**

Male

Female

**Date of birth** (dd/mm/yyyy)

 /  / 

**Home address**

  
  
  
  
**Postcode** 

**Daytime phone number**

**Mobile phone number**

**Home email**

**Work email**

**Correspondence address** (if different from Home Address above)

  
  
  
**Postcode**



## Entry Criteria

1. Be from a professional health care background holding relevant professional qualifications, e.g. Registered Nurses on part 1 of the Nursing and Midwifery Councils' register.
2. Be practicing in the field of Burn Injury Care as a Registered Nurse, Physiotherapist, Occupational Therapist, Speech and Language Therapist, Dietician or other Allied Health Professional for a minimum of 12 months.
3. Have a minimum of DipHE in a health related subject (Level 5) for Level 6 study.
4. Have a minimum of a degree in a health related subject (Level 6) for Level 7 Study.
5. For students who have not undertaken a period of academic study in the past 3 years they will be expected to submit a 1,000 word reflective assignment that will be used to assist the team in assessing suitability for the programme and be linked to the unit assessment. Students who have completed recent academic study can submit a piece of previous work.

## Academic Information

Please tick the units you are wishing to undertake

- Principles and Practice of Burn Care       Burns in Critical Care       Burns Rehabilitation
- Which level do you wish to study at?       Level 6       Level 7
- I wish to undertake these modules as attendance only with no academic accreditation

Academic qualifications or courses attended

| title | length of course | date completed |
|-------|------------------|----------------|
|       |                  |                |
|       |                  |                |
|       |                  |                |
|       |                  |                |
|       |                  |                |
|       |                  |                |
|       |                  |                |
|       |                  |                |

Please indicate your reasons for applying for the programme

---

---

---

---

---

---

---

---

## Financial Support

Please indicate how you intend to finance your study. Please tick the appropriate box:

Funded Place (if working within NBCODN)

Self funding

Part self funding / part employer funded

Employer

## Data Protection

The information contained in this application will be used for the purpose of processing your application. All data is held and processed in accordance with the requirements of the Data Protection Act 1998.

## Declaration

I certify that the information contained in this application is accurate and complete and is all my own work. I understand that the submission of inaccurate information may be sufficient cause for refusal of admission or termination of registration.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Line Manager's Declaration

I, the above person's named manager agree to support all study days and financial payment (where appropriate) as well as ensuring that adequate clinical supervision is provided.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Designation \_\_\_\_\_

Email \_\_\_\_\_