

Continuing Professional Development Application Form

PLEASE SELECT ONE OPTION FROM EITHER SECTION A OR B

**A** STAND ALONE MODULE: Zero Credit Level 4 Level 5 Level 6 Level 7(M)

**B** FULL AWARD:  
Please select only ONE from the following

Health Care Studies Cert HE  
Peri-operative care Grad Cert  
Enhanced Professional Practice Diploma or BSc

**\*\*When applying for a full award you *MUST* include copies of your previous certificates. If qualifications obtained overseas you *MUST* attach copies of certificates and Course Transcripts in order for your application to be assessed. YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THESE\*\***

STAND ALONE MODULE NAME	MODULE CODE	START DATE	VENUE

Have you previously studied at Swansea University?  Student number if known:

**PERSONAL DETAILS (Please complete using BLOCK CAPITALS)**

Surname/Family Name:	Previous Surname/Family Name (if applicable):	Other Names (in full):	Title:
Home address:		Work address:	
Postcode:	Home Tel:	Postcode:	Work Tel:
Mobile No:	Email (work):		
	Email (home):		

**If possible, please provide an e-mail address that you are able to check regularly as we will use this for any correspondence**

Nationality:	Country of Birth:	Date of Birth Date month year
--------------	-------------------	----------------------------------

Residency status if non:UK

**If your nationality is non-UK, you may be required to meet with the compliance team to confirm your right to study. Until this check is complete, you will not be able to enrol as a student of Swansea University.**

**Welsh Language Proficiency (UK Students only):** Are you a fluent Welsh speaker? Yes No

**Disability:** The University encourages you to disclose your disability, medical condition, wellbeing difficulty or specific learning difficulty to ensure that we can advise you on the range of services and adjustments we can provide. Please tick the following box(es) as appropriate:

<b>A</b>	No known disability	
<b>B</b>	Autism/Asperger's	
<b>C</b>	Blind/visually impaired	
<b>D</b>	Hearing impaired/Deaf	
<b>E</b>	Unseen disability (diabetes, epilepsy, heart condition, cancer, etc.)	

<b>F</b>	Wellbeing difficulties (including anxiety, depression and phobias)	
<b>G</b>	Dyslexia	
<b>H</b>	Wheelchair user/mobility difficulties	
<b>I</b>	Other disability	
<b>J</b>	Multiple disabilities/complex	

## QUALIFICATIONS/TRAINING

Date	Name of Qualification	Institution	Level	Subject	CATS Points

<b>Job Title:</b>	<b>Current Banding/Grade:</b>
<b>Professional Body Registration:</b>	
<b>Number:</b>	<b>Registration Expiry Date:</b>

## FUNDING/SPONSORSHIP

**Please tick one of the following:**

<b>Self-funding</b> (You will be required to provide your bank details during the <i>enrolment process</i> )
<b>Contract funded (SBUHB/Hywel Dda Staff only)</b> <b>Fee Code:</b> _____ <b>Approved Health Board signatory:</b> ..... <b>Print Name:</b> ..... <i>Forms without an approved signature will be returned</i>
<b>Other/Sponsorship</b> Details: ..... <b>Please complete the sponsorship form or attach a letter from your sponsor confirming their commitment to fund you. This should include the sponsor's name and full address, invoice contact name and email address, and PO number (if applicable)</b>

**DECLARATION:** I confirm that to the best of my knowledge the information on this form is correct. I agree to pay all fees associated with this study in the event of non-payment by the stipulated sponsor. I agree to abide by the Rules and Regulations of the University. I acknowledge that any work submitted electronically during the period of my enrollment at Swansea University may also be submitted via electronic plagiarism detection software. I understand the University is required to supply personal data to certain regulatory and statutory bodies concerned with the Higher Education sector and also supplies personal data to transact its normal business activities and to enable students to make use of services and facilities. (All information on University forms are covered by the provisions of the Data Protection Act 1998 and further details are published on the University's web pages). **I understand that information relating to my progress can be shared with my employer.**

**Signature of Applicant:**

**Date:**

**PLEASE RETURN COMPLETED FORM TO: [cpd-medicinehealthlifescience@swansea.ac.uk](mailto:cpd-medicinehealthlifescience@swansea.ac.uk)**

**Ffurflen Cais am Ddatblygiad Proffesiynol Parhaus**

**DEWISWCH UN OPSIWN O NAILL AI ADRAN A NEU ADRAN B**

**A** **MODIWL ANNIBYNNOL:** Dim Credyd Lefel 4 Lefel 5 Lefel 6 Lefel 7(M)

**B** **DYFARNIAD LLAWN:**

Dewiswch UN yn unig o'r opsiynau canlynol

Astudiaethau Gofal Iechyd  
Gofal Amdriniaethol  
Ymarfer Proffesiynol Uwch

Tystysgrif  
Addysg Uwch  
Tystysgrif Ôl-  
raddedig  
Diploma neu BSc

*\*\*Pan fyddwch chi'n cyflwyno cais am ddyfarniad llawn **RHAID** i chi gynnwys copïau o'ch tystysgrifau blaenorol. Os ydych chi wedi ennill cymwysterau dramor **RHAID** i chi atodi copïau o'r tystysgrifau a Thrawsgrifadau'r Cyrsiâu er mwyn i'ch cais gael ei asesu.*

**NI CHAIFF EICH CAIS EI BROSESU HEB Y DOGFENNAU HYN\*\***

ENW'R MODIWL ANNIBYNNOL	CÔD Y MODIWL	DYDDIAD DECHRAU	LLEOLIAD

Ydych chi wedi astudio yn Ym Mhrifysgol Abertawe o'r blaen?

Rhif myfyriwr os yw'n hysbys:

**MANYLION PERSONOL (Cwblhewch gan ddefnyddio PRIFLYTHRENNAU)**

Cyfenw/Enw Teuluol:	Cyfenw/Enw Teuluol Blaenorol (os yw'n berthnasol):	Enwau Eraill (yn llawn):	Teitl:
Cyfeiriad Cartref:		Cyfeiriad yn y gwaith:	
Côd post:	Rhif ffôn cartref:	Cod post:	Rhif ffôn gwaith:
Rhif ffôn symudol:		E-bost (gwaith):	
		E-bost (cartref):	

**Os oes modd, nodwch gyfeiriad e-bost gallwch chi ei wirio'n rheolaidd oherwydd byddwn yn defnyddio hwn i gyfathrebu â chi**

Cenedligrwydd:	Gwlad Eneidgol:	Dyddiad Geni	—
----------------	-----------------	-----------------	---

Statws preswlydd os nad ydych yn dod o'r DU

Os nad yw eich cenedligrwydd yn wlad sy'n rhan o'r DU, gall fod angen i chi gwrdd â'r tîm cydymffurfiaeth i gadarnhau eich hawl i astudio. Ni fyddwch yn gallu cofrestru fel myfyriwr ym Mhrifysgol Abertawe tan ar ôl i'r gwiriad hwn gael ei gwblhau.

**Hyfedredd yn y Gymraeg (myfywrwyr o'r DU yn unig):** Ydych chi'n siaradwr Cymraeg rhugl? Ydw/ Nac ydw

**Anabledd:** Mae'r Brifysgol yn eich annog i ddatgelu unrhyw anabledd, cyflwr meddygol, anhawster lles neu anhawster dysgu penodol i sicrhau y gallwn eich cynghori ar y gwasanaethau a'r addasiadau amrywiol y gallwn eu darparu. Ticiwch y bocs(ys) canlynol fel y bo'n briodol:

<b>A</b>	Dim anabledd hysbys	<b>Dd</b>	Anawsterau Lles (gan gynnwys gorbryder, iselder a ffobiâu)
<b>B</b>	Awtistiaeth/Syndrom Asperger	<b>E</b>	Dyslecsia
<b>C</b>	Dall/amhariad ar y golwg	<b>F</b>	Defnyddio cadair olwyn/anawsterau symudedd
<b>Ch</b>	Amhariad ar y clyw/Byddar	<b>Ff</b>	Anabledd arall
<b>D</b>	Anabledd anweledig (diabetes, epilepsi, cyflwr y galon, canser, etc)	<b>G</b>	Anableddau lluosog/cymhleth

### CYMWYSTERAU / HYFFORDDIANT

Dyddiad	Enw'r cymhwyster	Sefydliad	Lefel	Pwnc	Pwyntiau CATS

Teitl y Swydd:	Band/Gradd Gyfredol:
----------------	----------------------

Cofrestriad gyda Chorff Proffesiynol:
---------------------------------------

Rhif:	Dyddiad y bydd y cofrestriad yn dod i ben:
-------	--

### CYLLID/NAWDD

**Ticiwch un o'r canlynol:**

<b>Hunan-ariannu</b> (Gofynnir i chi ddarparu eich manylion banc yn ystod y broses gofrestru)
<b>Ariennir gan gontract (Staff Bwrdd Iechyd Prifysgol Bae Abertawe/Hywel Dda yn unig)</b>
Côd y ffi: Llofnodwr cymeradwy y Bwrdd Iechyd: .....
Enw mewn priflythrennau: ..... <i>Caiff ffurflenni nad ydynt yn cynnwys llofnod cymeradwy eu dychwelyd</i>
Arall/Nawdd Manylion: .....
<b>Cwblhewch y ffurflen nawdd neu atodwch lythyr oddi wrth eich noddwr i gadarnhau ei fod yn ymrwmo i'ch ariannu. Dylai'r llythyr hwn gynnwys enw a chyfeiriad llawn y noddwr, enw cyswllt a chyfeiriad e-bost at ddiben anfonebu a rhif blwch Swyddfa'r Post (os yw'n berthnasol)</b>

**DATGANIAD:** Rwy'n cadarnhau bod yr wybodaeth ar y ffurflen hon yn gywir hyd eithaf fy ngwybodaeth. Rwy'n cytuno i dalu'r holl ffioedd sy'n gysylltiedig â'r astudiaeth hon pe na bai'r noddwr a nodir yn talu. Rwy'n cytuno i ufuddhau i Reolau a Rheoliadau'r Brifysgol. Rwy'n cydnabod y gellir rhoi unrhyw waith a gyflwynir yn electronig yn ystod fy nghyfnod cofrestru ym Mhrifysgol Abertawe drwy feddalwedd canfod llên-ladrad electronig. Rwy'n deall ei bod hi'n ofynnol i'r Brifysgol ddarparu data personol i gyrrff rheoleiddio a statudol penodol sy'n ymwneud â'r sector addysg uwch a'i bod hefyd yn darparu data personol i gyflawni ei gweithgareddau busnes arferol ac i alluogi myfywrwyr i ddefnyddio gwasanaethau a chyfleusterau. (Mae'r holl wybodaeth ar ffurflenni'r Brifysgol yn dod o dan ddarpariaethau Deddf Diogelu Data 1998 a chyhoeddir rhagor o fanylion ar dudalennau gwe'r Brifysgol). **Rwy'n deall y gall gwybodaeth am fy nghynnydd gael ei rhannu â'm cyflogwr.**

Llofnod yr ymgeisydd:

Dyddiad:

ANFONWCH Y FFURFLEN WEDI'I CHWBLHAU I: [cpd-medicinehealthlifescience@abertawe.ac.uk](mailto:cpd-medicinehealthlifescience@abertawe.ac.uk)