**Advanced Clinical Assessment & Examination Module - ADPP011 Entry Form**

**Please tick one of the boxes below:**

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| **ADPP011 – stand-alone module (CPD)** | **ADPP011 – MSc Advancing Practice** |

**Student Details**

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| --- | --- |
| **Name:** |  |
| **Current Role / Job Title / Designation:** |  |
| **Name of employer:** |  |
| **Work Address:** |  |
| **Email:** |  |

**Registration Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional registration:** | **NMC** | **HCPC** | **GPC** |
| **PIN number:** |  | | |
| **Expiry date:** |  | | |
| **Year of initial registration:** |  | | |

**Student Statement**

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| **Briefly explain (in less than 250 words) why you have chosen to take this module, including career plans and your need to undertake clinical assessment and examination in your current or future role** |
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**Reference**

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| --- | --- | --- | --- |
| **Please complete this reference to enable us to evaluate the candidate’s suitability for admission to the Advanced Assessment and Examination Module. This should be completed by a lead practitioner, line manager, supervisor or Practice Assessor.**  **This reference should cover details such as how long and in what capacity you have known the applicant and their suitability for this module including any relevant career aspirations.** | | | |
|  | | | |
| **Name:** |  | **Date:** |  |
| **Email:** |  | **Tel:** |  |
| **Current role/job title/designation:** |  | **Work address:** |  |
| **Professional relationship to applicant:** |  | **Signature: (can be electronic)** |  |

**Practice Assessor**

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| **Criteria** |
| The student must have one designated healthcare practitioner, the Practice Assessor, who is responsible for facilitating appropriate learning opportunities and assessing the student’s clinical history taking and clinical examination skills. **The student must complete at least 150 hours of learning in clinical practice spread over the length of the module.** Other qualified healthcare practitioners may contribute to providing appropriate learning experience as Practice Supervisors, but the responsibility for assessing clinical practice rests with the Practice Assessor.    The Practice Assessor must be a suitably qualified registered healthcare practitioner who:     * Is currently registered with NMC, GMC, HCPC or GPC * Has at least 3 years post registration experience with overall clinical responsibility for a group of patients/clients in their relevant field of practice. * If they are registered with GMC, they must be based within a GP practice, or working as a specialist registrar, non-consultant career grade, or consultant. * For NMC, HCPC and GPC registrants the expectation is that the Practice Assessor is a suitably qualified and experienced Advanced Practitioner who is an expert in clinical history taking and clinical examination. * Has support of the employing organisation or GP practice to act as the Practice Assessor for this Advanced Clinical Assessment & Examination module andhas experience in training and teaching and/or supervising in practice. |

**Practice Assessor Details**

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| **Name:** |  | | | |
| **Telephone No:** |  | | | |
| **Email:** |  | | | |
| **Current Role / Job Title / Designation:** |  | | | |
| **Name of employer:** |  | | | |
| **Work Address:** |  | | | |
| **Work Tel No:** |  | | | |
| **Professional registration:** | **NMC** | **GMC** | **HCPC** | **GPC** |
| **PIN number:** |  | | | |
| **Expiry date:** |  | | | |
| **Year of initial registration:** |  | | | |

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| **I am a Practice Assessor who is fulfils the above criteria and I am willing to undertake the responsibilities to supervise the student.**      **Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**      **Signature (can be electronic): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |