**POSTGRADUATE CERTIFICATE IN INTEGRATED CARE OF OLDER ADULTS**

**Specific course entry requirements**

* Recognised qualification with the appropriate professional, statutory and regulatory body in osteopathy, chiropractic, or physiotherapy.
* EU and Overseas Applicants must, where applicable, be registered as a practising Osteopath/Chiropractor/Physiotherapist with the relevant regulatory authority or association and must, irrespective of the former, hold appropriate professional indemnity insurance.
* All Applicants are required to complete a Disclosure and Barring Service (DBS) check in line with the School’s DBS Policy & Procedure for BSO Applicants & Students.

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| **1. Personal details** | | | |
| Gender  (Male or Female) |  | Date of Birth DD MM YY |  |
| Title  (e.g. Mr/Ms/Mrs/Dr) |  | Forename(s) |  |
| Surname/Family name |  | Preferred name |  |
| Previous surname  (e.g. maiden name) |  | | |
| Email address |  | | |
| Correspondence address |  | Mobile |  |
| Tel (daytime) |  |
| Tel (evening) |  |
| Nationality  (As in your passport) |  | | |

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| **2. Osteopathic/Chiropractice/Physiotherapy Healthcare Employment** |
| Present employer or details of self-employment |
| Start date |
| Address  Postcode |

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| Additional employer / Previous employment (please specify) |
| Employer |
| Start date |
| End date |
| Address  Postcode |

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| Previous employment |
| Employer |
| Start date |
| End date |
| Address  Postcode |

*Please continue on an additional sheet if necessary.*

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| **3. Other Healthcare Employment** |
| Present employer or details of self-employment |
| Profession |
| Start date |
| End date |
| Address  Postcode |

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| Additional employer / Previous employment (please specify) |
| Employer |
| Start date |
| End date |
| Address  Postcode |

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| Previous employment |
| Employer |
| Start date |
| End date |
| Address  Postcode |

*Please continue on an additional sheet if necessary.*

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| **4. Osteopathic/Healthcare training** | | | | |
| **Institution** | **Awarding Body** | **Award (eg BSc, BOst, etc)** | **Class (eg 2:1)** | **Year** |
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| **5. Other academic awards** | | | | |
| **Institution** | **Subject** | **Award (eg BSc, BA, MA)** | **Class (if relevant)** | **Year** |
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| **If it is not obvious from the table above, please outline your Masters-level experience, and teaching experience using an additional sheet of paper if necessary.** | | | | |

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| **6. Details of courses/continuing professional development completed since qualification (including details of SCTF accredited courses)** | | | |
| **Title of Course** | **Institution or individuals involved** | **Date Completed** | **Number of Hours** |
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| **7. What are your particular research and healthcare interests**? |
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| **8. Referees** |
| |  |  | | --- | --- | | Referee 1 | | | Title (e.g. Mr/Mrs) |  | | Name |  | | Job title |  | | Address |  | | City |  | | Postcode |  | | Country (if not UK): |  | | Email |  | | Phone |  | | Referee 2 | | | Title (e.g. Mr/Mrs) |  | | Name |  | | Job title |  | | Address |  | | City |  | | Postcode |  | | Country (if not UK): |  | | Email |  | | Phone |  | |

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| **9. Additional Information** |
| Please give any additional information which might be relevant including your reasons for applying for admission to the Postgraduate Certificate in Integrated Care of Older Adults. |

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| **10. Disability** |
| Do you have any physical or sensory disability which may affect your studies, or may require special facilities or treatment? (Please circle)    Yes (please give details below) No |

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| **11. Criminal Convictions** |
| Do you have a criminal record? (This includes 'spent' or 'unspent' criminal convictions, cautions, reprimands, final warnings).  Yes No  If 'yes', please supply details on a separate sheet in a sealed envelope marked 'confidential' with this application.A criminal record will not necessarily be a bar to enrolment on the PgCert Integrated care of Older Adults. |

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| **12. Statutory Regulator** |
| Are there any pending/upheld, or conditions of practice imposed by GOsC or any other regulatory body?  Yes No  If 'yes', please supply details on a separate sheet in a sealed envelope marked 'confidential' with this application.A GOsC or a regulatory body record will not necessarily be a bar to enrolment. |

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| **13. Shadowing** |
| For the successful completion of this course, you will be required to organise a clinical placement to shadow a healthcare professional that typically treats older adults within YOUR locality, for e.g. local GP, occupational therapist etc. The shadowing might typically take up one day in a month.  You will need to submit the relevant documentation such as DBS check, professional qualification, insurance etc. to the HR department of the relevant clinic/hospital to gain a placement. The BSO will assist you with the relevant paperwork and guidance required to complete this.  If you have any additional questions, please do not hesitate to ask.  Please tick to confirm that you are aware of this requirement. **🞏** |

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| **14. Checklist (please tick)** |
| 🞏 Completed application form  🞏 One copy of your professional qualifications/academic awards  🞏 One copy of your DBS form  🞏 One copy of your professional indemnity insurance |

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| **15. Declaration** | | | |
| I confirm that the information given here is, to the best of my knowledge, complete and accurate and I agree to allow the UCO’s processing the personal data contained herein and any other information obtained from me, or other people or organisations, for any purpose connected with my studies or my Health & Safety whilst on UCO premises. | | | |
| **Sign / Type name** |  | **Date** |  |

**Please email your completed application to admissions@uco.ac.uk.**