

Student Registration Form

Please refer to the associated guidance notes when completing this form.

Section 1 - Personal Details

Title

Forenames

Family name / Last Name

Section 2 - Contact Details

Home Address *(please provide your address in your country of permanent residence)*

Home Postcode

Home Telephone

Mobile Telephone

Email

Correspondence address *(if different from your Home address)*

Section 3 - Further Details

Date of birth

Gender Identity

Do you have a disability or require any support requirements?

Section 4 - Course Details

What course are you intending to study at Nottingham Trent University?

What mode of study are you intending to study by?

Part-time

Full-time

Sandwich course

Exchange

Short Course

Distance Learning

Expected Start date

Section 5 - Residency

Country of Birth

Ethnicity

Nationality

What is your country of permanent (home) residence?

Section 6 - Current / Most Recent Studies

What institution are you currently attending or provide details of the last institution you attended?

What course are you currently studying or confirm the name of the last course attended?

Does this course have a formal arrangement with NTU?

Section 7 - Other Details

Residential Category

Do you require a visa to study in the UK?

Yes

No

What type of visa do you intend to use to study in the UK?

Have you ever studied in the UK previously?

Yes

No

Please confirm your passport number

I have attached a copy of my passport

Is English your first language?

Yes

No

If English is not your first language please provide details of your highest English Language qualification.

Section 8 - Criminal Conviction

Do you have a criminal conviction?

Yes

No

Section 9 - Course Specific Questions

Questions

Please provide your Practice name, address and contact details

Confirm your GMC number (needed for Clinical Governance checks).

Describe what CPD activities you have undertaken or plan to undertake to develop your skills as a trainer.

Have you discussed your intentions to become a trainer with your local GP Training Programme Director: Please indicate the date that this took place and include some reflection on your plans to become a trainer.

Attendance at the local trainer group is an essential part of the preparation to become a trainer. Have you started to attend? If not when do you plan to?

In order to be a GP trainer you must hold MRCGP/ FRCGP. Do you?

Is becoming a trainer a component of your PDP?

Do you already possess a Postgraduate Certificate in Medical Education?

Answers

Signature

Please read the following carefully;

General Data Protection Regulation 2016 and Data Protection Act 2018

By submitting this application form you are consenting to Nottingham Trent University using the information you have provided to enable your application for entry to be considered. Please see our [Admissions Privacy Notice](#) which sets out how we use your personal data.

Terms and Conditions

Should you accept an offer to study at the University, you will be agreeing to the [Terms and Conditions](#) which includes the Student Privacy Notice.

The [Admissions Policy](#) forms part of the University [Academic Standards and Quality Handbook](#).

**Continuing Professional Development Courses
NTU/PG Cert Clinical Education**

**Agreement between the Student and Nottingham Trent University for
information sharing**

Nottingham Trent University is the "Data Controller" for the purposes of the General Data Protection Regulation 2016 and the Data Protection Act 2018. As a Student whose studies are sponsored by your Local Authority (the "Agency Sponsor"), your Agency Sponsor has requested the University share information about you in relation to your attendance and performance on your Course (or module) with your Agency Sponsor.

As you are undertaking a professional development course, in addition to information about your attendance and performance, your Agency Sponsor has requested that the University share with them information about any concerns that may arise in relation to your practice, academic work or conduct whilst undertaking the course (or module). Such information may (but is not limited to) include the University providing information or copy letters which contain your home address (as registered with the University). Please note that should the University have any concerns in relation to your practice, academic work or conduct whilst undertaking the course, these concerns will firstly be discussed with you before any contact is made with your Agency Sponsor. You should also note that significant concerns dealt with under the University's Fitness to Practice Procedure may be passed onto the Health and Care Professions Council.

Please see the University Privacy Notice for Students available on our website at:
<https://www.ntu.ac.uk/about-us/governance/information-governance>.

By signing the form below you are providing your consent to the processing of your personal data for the purposes of information-sharing with your Agency Sponsor.

XX

Student Name:	
Name of Sponsor Agency:	
Sponsor Agency email address:	
Sponsor Agency Contact Name:	
NTU Co-ordinator Name:	
NTU Co-ordinator email address:	

I agree to Nottingham Trent University sharing with my Agency Sponsor information regarding my studies in addition to information about my attendance and progress on the course (or module) and any concerns about my practice or fitness to practice as set out above.

Signature	Print Name	Date