

**Applicant Services**

Northumbria University

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**FCP Authorisations form**

**SECTION 1 – TO BE COMPLETED BY APPLICANT**

By signing this form, you are confirming that the information enclosed is accurate and correct to the best of your current knowledge. You are also confirming you;

* Hold UK recognised qualification and are be registered with the Health Care Profession Council.
* Have 5 years of post-registration experience with 3 years of musculoskeletal specific clinical practice experience.
* Can demonstrate an English language proficiency score vis the IELTs of 7.0 with no element below 6.5 or a minimum TOEFL of 100/120.
* Can provide evidence of attaining a primary care placement covering a minimum 75-hours that is supervised by a clinician who is registered with Health Education England as an FCP Roadmap Supervisor or a GP trainer.
* Have the competence, experience, and academic ability to study at the requested level (have previous evidence of successful level 6 (BSc) study or equivalent).

|  |  |
| --- | --- |
| **Name of Applicant(s):** |  |
| **Date of Birth:** |  |
| **Module:** | **SP7025** |
| **Name of Organisation:** |  |
| **Role:** |  |
| **Applicant e-mail:** |  |
| **Applicant Signature:** |  |
| **Date**  |  |

**Please note this needs to be a handwritten signature and not a typed signature.**

**SECTION 2 – TO BE COMPLETED BY HEALTH CARE PROVIDER EMPLOYER AUTHORISER**

By signing this form, you are agreeing to this applicant attending their chosen module and that they are eligible for this course of study. You are also confirming the applicant is capable of safe and effective practice as a musculoskeletal practitioner. You are also confirming the employee:

* Holds UK recognised qualification and are be registered with the Health Care Profession Council.
* Has 5 years of post-registration experience with 3 years of musculoskeletal specific clinical practice experience.
* Can demonstrate an English language proficiency score vis the IELTs of 7.0 with no element below 6.5 or a minimum TOEFL of 100/120.
* Can provide evidence of attaining a primary care placement covering a minimum 75-hours that is supervised by a clinician who is registered with Health Education England as an FCP Roadmap Supervisor or a GP trainer. Note: it is the responsibility of the employer to organise appropriately trained supervisors and primary care placements.
* Access to protected learning time and clinical support
* Valid Enhanced DBS certificate (issued within 3 years of applying to this course)

|  |  |
| --- | --- |
| **Healthcare Provider Employer Authoriser (i.e. Clinical Lead/Manager):**  |  |
| **Name of Organisation:** |  |
| **Authorising Staff Member e-mail:** |  |
| **Authorising Staff Member Signature:** |  |
| **Date**  |  |

Please note this needs to be a handwrittensignature (not typed) of the authoriser agreeing that they are taking responsibility for the confirmation of section 2. Please note you are confirming in section 2 that the named applicants meets the minimum entry criteria for the course, a 75 hour primary care placement has been allocated with a supervised by a Roadmap Supervisor or GP trainer and the applicant has a valid DBS.

|  |  |
| --- | --- |
| **Healthcare Provider Employer Authoriser:** |  |
| **Authorising Staff Member Signature:** |  |
| **Date**  |  |

**Please note this needs to be a handwritten signature and not a typed signature.**

**SECTION 3 – PRIMARY CARE PRACTICE SUPERVISOR DETAILS (Designated Roadmap Supervisor or GP Trainer).**

All FCP trainees must be supported by a Roadmap supervisor and/or a GP trainer. Roadmap Supervisors must have completed Health Education England Roadmap Supervisors course and be registered with the HEE training hub. GP trainers must by fully qualified GP trainers and registered with Health Education England. Please note that the university links with the training hubs and primary care schools to verify supervisors’ credentials prior to offering a place on the course.

**Complete the below table if qualified as a Roadmap Supervisor**

|  |  |
| --- | --- |
| **Name of Roadmap Supervisor:** |  |
| **Role:** |  |
| **Roadmap Supervisor email address:** |  |
| **Name of Roadmap Supervisor Professional Body and registration number:** |  |
| **Please state the Primary Care Training Hub that delivered the RMSV training.**  |  |
| **I confirm I have read and meet the standards of Roadmap Supervisor (Yes/No)** |  |
| **Signature** |  |
| **Date** |  |

**Complete the below table if qualified as a GP Trainer.**

|  |  |
| --- | --- |
| **Name of GP trainer:** |  |
| **Role:** |  |
| **GP Trainer email address:** |  |
| **GP Trainer Professional Body and registration number:** |  |
| **Please state the GP Training Hub that deliverer the GP Training Programme** |  |
| **I confirm I have read and meet the standards of GP Trainer (Yes/No)** |  |
| **Signature** |  |
| **Date** |  |

All sections of this form **MUST** be signed and completed and returned to Applicant Services before an applicant’s place on a module can be considered.

If you have already submitted your application, please log into your Applicant Portal and upload this to your application, or return it to nsbackoffice@northumbria.ac.uk, confirming your name and student number in the subject heading.