

**Applicant Services**

Northumbria University

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**CONTINUING WORKFORCE DEVELOPMENT (CWD)**

**STUDY LEAVE APPROVAL FORM**

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

|  |  |
| --- | --- |
| **Name of Applicant:** |  |
| **Date of Birth:** |  |
| **Sponsored Module:** |  |
| **Name of Trust:** |  |
| **Applicant e-mail:** |  |
| **Applicant Signature:** |  |

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

Please ensure Section 2 (and 3 if you are applying for Mentorship) has been completed and signed by your Continuing Workforce Development (CWD) Lead. Details of CWD Leads can be found at the following link: <https://madeinheene.hee.nhs.uk/cwd/Contact-us-and-useful-information>. To enable us to process your application as soon as possible please ensure your signed study leave approval form is uploaded with your application. 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.

**SECTION 2 – TO BE COMPLETED BY CWD LEAD**

|  |  |
| --- | --- |
| **Name of CWD Lead:** |  |
| **Name of Trust:** |  |
| **Authorising Staff Member e-mail:** |  |
| **Authorising Staff Member Signature:** |  |

By signing this form, you are agreeing to this applicant attending their chosen module and that they are eligible for this course of study. Please note this needs to be an actual signature and not a typed signature.

Both sections of the form **MUST** be signed and completed and returned to Applicant Services before an applicant’s place on a CWD module can be confirmed.

**SECTION 3 – TO BE COMPLETED FOR MENTORSHIP MODULES ONLY**

|  |  |
| --- | --- |
| **Name of PPF/Prescribing Lead:** |  |
| **Name of Trust:** |  |
| **Authorising Staff Member e-mail:** |  |
| **Authorising Staff Member Signature:** |  |

By signing this form, you are agreeing to this applicant attending their chosen module and that they are eligible for this course of study. Please note this needs to be an actual signature and not a typed signature.

This section **MUST** be signed and completed by the relevant practice placement facilitator or prescribing lead for any application for a Mentorship module. For any other module, only Sections 1 & 2 must be completed.