

**Application Form – Acute Illness Recognition (AIR)**

**Cohort – September 2021**

**All students applying to enter the course must have the agreement and support of their Manager**

**All applicants must provide evidence of English Language qualification**

**A registration fee of £200 per candidate is chargeable, payable in advance by the Trust**

**Completed applications must be submitted to your local Practice Educator in Critical Care and be accompanied by a Purchase Order\*\***

**Incomplete applications / applications with no Purchase Order details will be automatically rejected**

**Deadline for applications is Friday 28th May 2021**

**No applications will be accepted after this date**

**Invoices will be raised to the Trusts in June 2021**

**Payments must be received within the 30 day terms of the invoice**

**Applicants will not be registered onto the AIR course if payment is not received in time**

**\*\*The Critical Care Skills Institute is a hosted organisation. Purchase Orders should be made out to Manchester University Hospitals NHS Foundation Trust, invoices will also be raised using the Trust’s financial services. A copy of the Purchase Order must accompany this application**



**Applicant details – AIR Course September 2021**

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| 1. **Personal Details (please complete in BLOCK CAPITALS)** | | | | | | | | | | | | | | | | | | | | |
| Title (Mr/Mrs/Ms/Miss) | | Surname/Family Name | | | | | | | | | First Name/Given Name | | | | | | | | | |
| Gender – Male/Female | | | | Nationality | | | | | | | Country of Permanent Residence (Domicile) | | | | | | | | | |
| **NMC Pin Number/Professional Registration Body:** | | | | | | | | | | | | | | | | | | | | |
| Correspondence Address  (This address will be used for all correspondence)  Postcode  Mobile Number  Other contact number (optional)  Email address | | | | | | | | Date of Birth (dd/mm/yyyy): | | | | | | | | | | | | |
| Previous Surname (if applicable) | | | | | | | | | | | | |
| Permanent Home Address  (if different from correspondence address)  Postcode | | | | | | | | | | | | |
| 1. **Work history** | | | | | | | | | | | | | | | | | | | | |
| Give details of your work experience, training and employment **in the last 3 years, including your current post** | | | | | | | | | | | | | | | | | | | | |
| Job Title and Department | | | Employer / Hospital | | | | | | | Contracted Hours | | | Start date | | | | End date | | | |
| Month | | Year | | Month | | | Year |
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| 1. **Qualifications held** | | | | | | | | | | | | | | | | | | | | |
| Please list all subjects taken, whatever the result, in chronological order. Continue on a separate sheet if necessary | | | | | | | | | | | | | | | | | | | | |
| Diploma, Degree or other professional qualification | Subject | | | | | Date completed | | | Name of college/university  and the country in which the award was obtained | | | | | | | Results (grades or bands) | | | CATS points (if applicable) | |
| Month | Year | |  | | | | | | |  | | |  | |
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| 1. **English language** | | | | | | | | | | | | | | | | | | | | |
| Is English your first language? Yes No  **All applicants** must provide evidence that they meet the minimum English Language requirements for their chosen course. Please confirm below that you have completed an English Language qualification and provide documentary evidence of your results. | | | | | | | | | | | | | | | | | | | | |
| Name of English Language qualification  Type of test taken | | | | | Awarding body/college/university | | | | | | | | | Date qualification obtained/date you are taking the qualification | | | | Result | | |
|  | | | | |  | | | | | | | | |  | | | |  | | |
| 1. **Personal statement** | | | | | | | | | | | | | | | | | | | | |
| Please provide/attach a personal statement that sets out your reasons for undertaking the course. You should also give details of any non-examined subjects you are studying. If you have been out of education for some time, please outline any relevant experience that may be taken into account | | | | | | | | | | | | | | | | | | | | |
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| 1. **Disability/special needs** | | | | | | | | | | | | | | | | | | | | |
| Do you have any specific educational requirements?  \*Yes No  \*If yes, please give details and provide supporting paperwork (eg educational psychologist report) | | | | | | | | | | | | | | | | | | | | |
| 1. **Other specific requirements** | | | | | | | | | | | | | | | | | | | | |
| Do you have any other specific requirements as regards the course/study days? | | | | | | | | | | | | | | | | | | | | |
| 1. **Course Plan / Key Dates (Students are expected to attend all of the Course Plan / Key Dates and to undertake self study as timetabled** | | | | | | | | | | | | | | | | | | | | |
| **Study Day** – Introduction to the course / Airway | | | | | | | | | | | | 10th September 2021 | | | | | | | | |
| Self Study | | | | | | | | | | | | 17th September 2021 | | | | | | | | |
| **Study Day** – Breathing | | | | | | | | | | | | 24th September 2021 | | | | | | | | |
| Self Study | | | | | | | | | | | | 1st October 2021 | | | | | | | | |
| **Study Day** – Circulation | | | | | | | | | | | | 8th October 2021 | | | | | | | | |
| Self Study | | | | | | | | | | | | 15th October 2021 | | | | | | | | |
| **Study Day** – Renal | | | | | | | | | | | | 22nd October 2021 | | | | | | | | |
| Self Study | | | | | | | | | | | | 29th October 2021 | | | | | | | | |
| **Study Day** – Disability | | | | | | | | | | | | 5th November 2021 | | | | | | | | |
| Self Study | | | | | | | | | | | | 12th November 2021 | | | | | | | | |
| **Study Day** – Exposure | | | | | | | | | | | | 19th November 2021 | | | | | | | | |
| Self Study | | | | | | | | | | | | 26th November 2021 | | | | | | | | |
| **Study Day** – Communication / Transfer | | | | | | | | | | | | 3rd December 2021 | | | | | | | | |
| **Study Day** – Simulation (students will be allocated one of these dates by the course lead) | | | | | | | | | | | | 10th December 2021 & 17th December 2021 | | | | | | | | |
| **End of Course Assessment** | | | | | | | | | | | | Thursday 6th and Friday 7th January 2022 | | | | | | | | |

**Applicant Declaration**

I declare that the information on this form is correct. I understand that any offer of a place is subject to the agreement and support of my Manager.

**Applicant signature:**  **Date:**

**Manager Support**

We agree to support (applicant name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in all elements of the Acute Illness Recognition (AIR) course

**Manager Date:**

(please sign and print name):