

Surname	Forename(s)
<i>BLOCK CAPITALS PLEASE</i>	

CertHE Community Treatment
CertHE Addiction Studies
DipHE Addiction Studies
GDAS
BHSc
Stand Alone

Leeds Addiction Unit

in collaboration with University of Leeds School of Healthcare



Leeds Partnerships **NHS**

NHS Foundation Trust

APRIL 2010

APPLICATION FORM

for all assessed programmes and modules

Closing date for receipt of applications for all programmes/modules

for Autumn term 2010 – closing date 8 July 2010
for Spring term 2011 – closing date 9 December 2010

<i>For Internal Use Only</i>			
	Required	N/A	Received & Checked/signed
1 Satisfactory references x 2	<input type="checkbox"/>	<input type="checkbox"/>
2 Certificates	<input type="checkbox"/>	<input type="checkbox"/>
3 Written confirmation of funding	<input type="checkbox"/>	<input type="checkbox"/>
4 Educational audit document	<input type="checkbox"/>	<input type="checkbox"/>
5 English Language qualification	<input type="checkbox"/>	<input type="checkbox"/>
Educational audit document			
[If applicable] highlight any issues or problems that require action			
Nature, date and outcome of any action taken			
Interview date	attended	<input type="checkbox"/>	
Telephone interview (individual modules)	done	<input type="checkbox"/>	date
not applicable for Cert HE/Dip HE distance learning programmes <input type="checkbox"/>			
Offer place	YES/NO		Signed
			Programme/Module Manager

Please complete and return to: Christine Weatherill, Training Department Manager
 Leeds Addiction Unit, 19 Springfield Mount, LEEDS LS2 9NG
 tel: 0113 295 1330 fax: 0113 295 1320

www.lau.org.uk/training/

version
24
WEB

PERSONAL DETAILS



Title	Forename(s)	Surname
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Home Address:	telephone	fax
	email	

Work Organisation: Address:	telephone	fax
	email	

N.B. If your home or correspondence address changes, please inform us immediately in writing

Please indicate which is your preferred correspondence/contact address: Home
Work

(Please note, if you are applying for distance learning courses and are resident outside the UK, there will be an extra cost for the modules - for information on fees please see the Training Prospectus)

Do you have a disability that you wish us to know about? Yes
No

If yes, please enter the Disability Code (*see Appendix 1 page 14*)

Please include details of support that you require in relation to this disability on a separate sheet

Are you applying to any other universities/colleges? If so, please give details:

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now go to **SECTION B** overleaf

PLEASE COMPLETE either SECTION B or SECTION C

FULL PROGRAMMES OF STUDY

B

Applicants for stand-alone modules should not answer this question and should go straight to SECTION C

Please indicate which programme you are applying for:

- Degree in Addiction Studies (BHSc)
- Graduate Diploma in Addiction Studies (GDAS)
- Diploma of Higher Education in Addiction Studies (DipHE)
- Certificate of Higher Education in Addiction Studies (Cert HE)
- Community Treatment of Substance Misuse Certificate of Higher Education (Cert HE)

(Please tick one)

BHSc and GDAS applicants please name the first module that you would like to study:

First module

Start date

Applicants for BHSc, Graduate Diploma & Community Treatment CertHE will be required to attend for interview

now go to SECTION D overleaf

SINGLE STAND-ALONE MODULES

C

Only complete this section if you do **NOT** wish to follow a full programme of study

Please indicate which module you are applying for:

Module title

Start date

If you wish to study a module non-assessed then you should complete a *Leeds Addiction Unit Application Form for all non-assessed courses*. Please phone the LAU training office on 0113 295 1330 or alternatively you may download one [PDF] from:

< www.lau.org.uk/training/PDFs/shortapp.pdf >

now go to SECTION D overleaf

EDUCATION AND TRAINING **D**

List *all* your qualifications, starting with the most recent, including professional qualifications *and* secondary education.

Please enclose copies of your certificates with your application form (excluding school certificates)

Institution	Start-finish dates	Subject	Qualification	Grade /Result	Credit Rating

Please list any further training or courses which you have attended, starting with the most recent

Agency organising course	Title of course	Qualification/grade	Date	Credit Rating

now go to **SECTION E** *overleaf*



ENGLISH LANGUAGE QUALIFICATION **E**

This section to be completed by ALL applicants

Surname	Forename(s)
<i>BLOCK CAPITALS PLEASE</i>	

English language qualification eg. O level, CSE, GCSE, AS level, A level etc.

Awarding body (name in full)	Examination or assessment centre	Exam date		Subject, unit, module or component	Level	Result (grade or band)
		month/ mm	year yy			

Is English your first/native language? YES NO

If you do not have a recognised English language qualification i.e. GCSE *English Language* or *English Literature* grade C or above you will be required to demonstrate competence through a recognised test/qualification.

For further information about English language requirements *see Appendix 1 page 17*

Most recent test results

Test / Qualification	Result

Please send a copy of your certificate / test result with this application form

now go to **SECTION F** overleaf

EMPLOYMENT **F**

Current post	Name and address of employer	Employer's contact details	Date from
		Tel no: Fax no: email:	

Description of duties with special reference to substance misuse

Details of previous relevant experience including voluntary work, student placements etc.

Previous posts (most recent first)	Name and address of employer	Employer's contact details	Date from

now go to **SECTION G** *overleaf*

REASONS FOR APPLYING FOR THE PROGRAMME/MODULE **G**

Please outline your reasons for wishing to attend this course (including how you think the course will help you in your work).
You may add any additional information that you feel is relevant to your application

now go to **SECTION H** *overleaf*

REFERENCE ONE **H**

Please identify two referees who will be able to comment on your suitability for the programme/module. Referees should complete the form below/overleaf or provide a reference on a separate sheet of letter headed paper to attach to the application form

Referee 1

Name of applicant:	
Name of referee:	Position held:
Address:	
Contact Tel No:	
Relationship to applicant:	
<div style="text-align: right; font-weight: bold; margin-bottom: 10px;">Reference 1</div> <p>Academic ability</p> <p>Relevant work experience</p> <p>Time management/organisational skills</p> <p>Relationships with colleagues/ others</p> <p>Overall suitability for the course</p>	
Signature:	Date:
Organisation stamp:	

NB. We may contact this referee, by telephone, should we require more information

*now get your second referee to complete **SECTION I** overleaf*

REFERENCE TWO

I

Please identify two referees who will be able to comment on your suitability for the programme/module. Referees should complete the form below/overleaf or provide a reference on a separate sheet of letter headed paper to attach to the application form

Referee 2

Name of applicant:	
Name of referee:	Position held:
Address:	
Contact Tel No:	
Relationship to applicant:	
Reference 2	
Academic ability	
Relevant work experience	
Time management/organisational skills	
Relationships with colleagues/ others	
Overall suitability for the course	
Signature:	Date:
Organisation stamp:	

NB. We may contact this referee, by telephone, should we require more information

*If you have elected to follow a programme/module with a practice placement go to **SECTION J** overleaf*

*If you are applying for the **distance learning** DipHE, CertHE or a 10 credit module go straight to **SECTION L***

PLACEMENT DETAILS **J**

Complete this section only if you are applying for a programme/module with a practice placement*

Applicants for the Diploma of Higher Education in Addiction Studies by Distance Learning and the Certificate of Higher Education in Addiction Studies by Distance Learning and 10 credit modules **do not need to complete this section**

go straight to **SECTION L**

*Students may undertake their placements at their usual place of work if it provides a suitable learning environment.

Before completing this section applicants may find it useful to read Appendix 2 and Appendix 3.

The student, along with their practice mentor, line manager (if different) and manager of the practice environment (if different) should complete the Educational Audit Document [Appendix 3 at the back of this form] to enable us to assess the suitability of the proposed practice placement.

An Educational Audit Document will be required for each practice-based module undertaken.

To be completed by your line manager

Name of line manager	Title of post	Address Telephone
I approve study leave and recommend the above applicant		
Signed..... Date.....		

Please identify a potential practice mentor for the first module you will be studying:

Module Title

Start date

Name of practice mentor	Title of post	Address Telephone
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If you applying for the Motivational Interviewing CD-Rom module please complete **SECTION K** *overleaf*

ALL other applicants applying for a practice based programme/module should now complete **APPENDIX 3**

SYSTEM REQUIREMENTS FOR MI CD-ROM MODULE



Only complete this section if you are applying for the Motivational Interviewing CD-Rom module

ALL other applicants please go straight to SECTION L overleaf

Please tell us the following information about the computer you will be using to run the CD-Rom

Computer brand and model	
Operating system	Windows 95 / 98 / ME / 2000 / XP
Operating system version number	
Amount of RAM installed (MB)	
Sound card type	
Hard disk capacity (MB or GB)	
Hard disk free space (MB or GB)	
CD-ROM drive make and speed	

Where to find this information

Computer brand and model

The computer brand appears on the front of your computer and in the documentation that came with your computer.

Example: Dell Optiplex GX110

Operating system, version number and amount of RAM installed

Click on **Start** menu on the taskbar, click on **Settings**, click on **Control Panel**. Double-click on **System**. Write down the operating system, version number and the amount of memory installed.

Example: Microsoft Windows 95, 4.00.950 C, 32Mb RAM

Click on **OK** to close the system window. Do NOT close the Control Panel window.

Sound card type

Double-click on **Multimedia**. Click on **Advanced** tab (Windows 95) or **Devices** tab (Windows 98). Double-click on **Audio Devices**. Write down the details below it.

Example: Audio for Crystal SoundFusion

Click on **OK** to close the multimedia properties window and then close the Control Panel window.

Amount of free disk space

Double-click on the icon **My Computer** on your desktop. Right-click on the drive icon labelled (C:) (in front of this will be the drive name) to bring up a menu. Click on **Properties** at the bottom of this menu. Write down the drives capacity and free space available in GB or MB.

Example: Capacity 1.99GB, Free space 1.05GB

Click on **OK** to close the drive properties window and then close the My Computer window.

CD-ROM drive make and speed

Check the documentation that came with your computer system or CD-ROM drive if installed later for make and speed rating.

Example: Mitsumi 8x speed CD-ROM

System Requirements

Your computer must have the following features.

Operating system	Microsoft Windows 95 OSR2, 98, ME, NT40 or 2000 Professional
Minimum CPU	Pentium 166MHz or faster
Minimum RAM	32MB RAM
CD-ROM drive	Minimum 8 x speed
Hard disk space	650MB for media, sound and video clips
Multimedia	Capability to play sound and video
Monitor	Super VGA monitor capable of displaying at least 256 (8 bit) colours at 800x600 resolution

now complete APPENDIX 3 beginning on page 19

FINANCE **L**

Who will be paying your fees?

- Applicant
- Employing Authority or other third party sponsor (*see notes on page 16*)
- Yorkshire and the Humber SHA
Workforce Development Contract
[ID Badge or proof of employment must be provided]
- Other
(Please specify)

NB. If your fees are to be met by your employer, a charity or other body you should enclose written confirmation of funding with this application form. We are unable to process your application without confirmation of funding (*see notes on page 16*).

Some applicants **may** be eligible for funding via the (workforce development) contract between the University and the Yorkshire and the Humber Strategic Health Authority subject to strict eligibility conditions and availability. Please ask for information.

[Formerly the West Yorkshire Workforce Development Confederation/Consortia contract]

Name and address to which invoice should be sent

Telephone

now go to **SECTION M** below

CRIMINAL CONVICTIONS

Please see guidance notes overleaf **before** completing this section
To be completed by all applicants

M

Do you have any criminal convictions? [*see Appendix 1 page 15*] Yes No

Does the course you have applied for include a clinical placement? Yes No

If yes, please ensure that you have included spent convictions [*see Appendix 1 page 15*]

now go to **SECTION N** overleaf

Please state where you saw the course advertised

.....

I confirm that to the best of my knowledge the information given is correct.

I have enclosed the following:

- Two references
- Copies of higher education certificates (please do *not* send originals)
- Written confirmation of funding (if a third party is paying all or part of your fees – see p21)
- Appendix 3 [*Educational audit of the practice learning environment*]
(if applying for a programme/module with a practice placement)

PLEASE NOTE:

**WE ARE UNABLE TO PROCESS YOUR APPLICATION
WITHOUT THE ABOVE DOCUMENTATION**

Signature	Date
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Closing date for receipt of applications for all programmes/modules

for Autumn 2010 – closing date 8 July 2010
for Spring term 2011 – closing date 9 December 2010

Please return this application form to:

Christine Weatherill, Training Department Manager
Leeds Addiction Unit
19 Springfield Mount
LEEDS LS2 9NG

Guidance Notes **APPENDIX 1**

Appendix 1

page 14 Impairment / Disability

page 15 Criminal Convictions

page 16 Sponsorship Letters

page 17 English Language Requirements

Impairment/Disability

If you have a disability or medical condition that may require extra support or specific facilities to aid your study, please enter one of the following codes that is most appropriate to you in Section A. You may, if you wish, give further details in the box provided.

- 1 You have no known impairment/disability
- 2 You have dyslexia
- 3 You are blind/partially sighted
- 4 You are deaf/hard of hearing
- T You are a wheelchair user/have mobility difficulties
- 6 You have Austistic Spectrum Disorder or Asperger Syndrome
- 7 You have mental health difficulties
- 8 You have an unseen disability, e.g. diabetes, epilepsy, heart condition
- 9 You have two or more of the above
- 0 You have a disability, special need or medical condition that is not listed above

If you have any queries regarding support arrangements or visits to Leeds Addiction Unit or University of Leeds you should contact:

Disability Services
University of Leeds
LEEDS LS2 9JT
Telephone: 0113 343 3994

Criminal Convictions

The University of Leeds does not wish to debar individuals with criminal convictions from taking advantage of the opportunities provided by higher education, and in general therefore a criminal conviction is not to be regarded as an obstacle to entry. In any event, the University of Leeds will not take into account, when selecting applicants for admission, criminal convictions which are deemed "spent" under the terms of the Rehabilitation of Offenders Act 1974 unless such convictions are deemed as "exceptions" under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975*. However, the University of Leeds has to take into account the requirements of various professional bodies and to take reasonable steps to provide a safe environment for its staff, students and visitors.

- * ***NB.* applicants for courses with a practice placement should include "spent" convictions in their declaration**

Therefore, if you have been convicted of a criminal offence, [excluding a) a motoring offence for which a fine and/or a maximum of three penalty points were imposed or b) spent sentences], you are required to declare this by completing the "yes" box in section K of the attached application form. Serving prisoners should also supply the prison address so that a reference may be sought. All successful applicants declaring a criminal conviction will be sent a questionnaire for completion. The information submitted in the questionnaire will be treated in strict confidence.

- * **Please see note in Appendix 3 (page 19) regarding the disclosure of criminal convictions and Criminal Records Bureau checks.**

SPONSORSHIP / CONFIRMATION OF FUNDING LETTERS

If a third party* is paying all or part of your fees you are required to provide a confirmation of funding letter from your sponsor.

A sponsor letter should:

- Be addressed to: '*Accounts Receivable, University of Leeds*' but **sent to:**

Christine Weatherill
Training Department Manager
Leeds Addiction Unit
19 Springfield Mount
LEEDS LS2 9NG

- Be on official letter headed paper
- Contain student name in full and ID number (where possible)
- Show duration and amount of sponsorship to be paid – letter must state clearly that fees will be paid directly to the University of Leeds upon receipt of an invoice
- Give name and address of where to send the invoice

* Not applicable to students whose fees are being met by the Yorkshire and the Humber Strategic Health Authority under the University of Leeds Workforce Development Contract.

If you are unsure about what is required please contact Leeds Addiction Unit Training Office on 0113 295 1330 or < lau_training@leedspft.nhs.uk >

University Of Leeds School of Healthcare / Leeds Addiction Unit

ENGLISH LANGUAGE REQUIREMENTS

To study at the University of Leeds all prospective students are required to have an approved English Language qualification. **The minimum requirements are:**

- **GCSE English Language or Literature Grade C or above (or equivalent).**

A list of other approved qualifications is available. Please call us if you think that you may have an alternative acceptable English Language qualification.

For students who **do not** have an approved qualification, the quickest way of gaining an acceptable accredited certificate is to apply to the International English Language Testing System (IELTS) which runs tests that meet the University requirements. IELTS has centres throughout the country and students can apply to take the test at their local centre. Further details can be found on the IELTS website at www.ielts.org/ Please note that there is a charge for the test.

The minimum standard on the IELTS is:

- 6.0 overall, with at least 5.5 in listening and reading, and at least 5.0 in speaking and writing. This is the standard required for all Leeds Addiction Unit programmes/modules accredited by University of Leeds School of Healthcare. (*Please note:* the requirements of other University departments may differ).

If you have any queries about the English language requirements please contact the LAU Training Office 0113 295 1330.

Audit Process

All students undertaking a module with a practice component are required to provide an evaluation of the practice mentor and the practice area in which they plan to achieve competence for that module. For example, if undertaking the Motivational Interviewing module, the student should clarify that the practice placement will provide adequate opportunity to develop their skills in the approach taught in the module through access to appropriate clients/patients.

As an aid to this process the student and the potential practice mentor (and relevant manager if different) should complete this form and return it to Leeds Addiction Unit Training Department.

Students undertaking several such modules as part of a programme should carry out a separate evaluation and complete an *Educational Audit Document* for each practice-based module undertaken.

Practice Mentor Characteristics

The practice component of modules is not subject to a summative assessment, however it is an important part of the module and inextricably linked to the video assessment.

Therefore the role of the Practice Mentor is an important one. The Practice Mentor will not be expected to assess the input and work of the student but they are expected to ensure the components are completed.

When thinking about who would be suitable to act as your Practice Mentor the following criteria may help you to decide:

Is/does the practice mentor:

Have a good standard of knowledge in the module subjects	<i>Essential</i>
Accessible and have time available for you as a student	<i>Essential</i>
Have regular client contact with substance misusers in a practice setting	<i>Essential</i>
Able to discuss your completion of competencies for specific modules	<i>Essential</i>
Have a teaching or supervision qualification	Desirable
Have experience of teaching/supervision	Desirable
Work in your chosen practice placement	Desirable

The Educational Audit of the practice learning environment must be approved by Leeds Addiction Unit Training Department before a place can be offered.

Educational Audit
of the practice learning environment
see guidance notes Appendix 2 on previous page

APPENDIX 3

Module
Practice Learning Environment (Placement Venue)
Date of Audit

**Leeds Addiction Unit does not carry out
 Criminal Records Bureau [CRB] checks.**

**The student and placement venue accept FULL responsibility for
 compliance with any legal obligations concerning the disclosure of
 criminal convictions and/or CRB checks in the practice learning environment.**

Student	Signature
Practice Mentor	Signature
Student's Line Manager	Signature
Manager of Placement Venue	Signature

Audit Process

All students undertaking a module with a practice component are required to provide an evaluation of the practice mentor and the practice area in which they plan to achieve competence for that module.

For guidance regarding the appointment of a Practice Mentor, please see Appendix 2.

As an aid to this process the student and the potential practice mentor (and relevant managers if different) should complete this form and return it to Leeds Addiction Unit Training Department.

Students undertaking several such modules as part of a programme should complete an *Educational Audit Document* for each practice-based module undertaken.

Further copies of this document can be obtained from Leeds Addiction Unit Training Department.

APPENDIX 3
The Nature of the supervised placement



What opportunities for practice are there in this placement?

What may hinder the student in achieving the required learning outcomes in this placement?
Please indicate how these problems might be overcome.

To what degree will the student be "supernumerary"?

Any other comments?

now go to **SECTION ii** overleaf

APPENDIX 3
Availability of a Practice Mentor to provide supervision

ii

What experience does the mentor have in the approach being taught in the module?

What experience and qualifications does the mentor have in student supervision?

Please confirm the amount of supervision time available to the student by completing the sentence below.
I agree to offer regular mentoring sessions to the student for minutes every weeks

Will the student have access to facilities to video record their clinical practice during the placement?

Yes No

*now go to SECTION **iii** overleaf*

APPENDIX 3
Staff Groups employed at the agency



Please complete the following table noting the different staff groups/professions/disciplines with the agency

Name of group	Number in total	Number experienced in supervision	Number experienced in therapy taught in module
eg. volunteers	8	0	4

*now go to SECTION **iv** below*

Client data for the placement organisation

Please complete the following table to indicate the number of clients seen at the agency with substance misuse problems. If actual data is not available please provide estimates. Please indicate when estimates have been used.

Weekly Data	Number	% of total clients
Total number of clients seen at the agency		100%
Number of clients with an alcohol problem		
Number of clients with a drug problem		
Estimated number of clients appropriate for therapy taught in module		
Estimated number of clients the student will see during the placement		n/a

Any further comments?

*now return to page 12 of the Application Form and complete **SECTIONS L, M & N***

Completed application forms should be returned to:

Christine Weatherill
Training Department
Leeds Addiction Unit
19 Springfield Mount
Leeds LS2 9NG

see front cover for closing date(s) for applications