**SHORT COURSE APPLICATION FOR ADMISSION & ENROLMENT**

***Dementia Care Mapping™ for Realising Person Centred Care Course***

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| This form should be read in conjunction with the course outlines available at: [http: //www.bradford.ac.uk/dementia/dementia-care-mapping/](http://www.bradford.ac.uk/health/dementia/dementia-care-mapping/) Please return this completed booking form to: dementia@bradford.ac.ukPlease use **one form per person**.Please **word process** this booking form & return **as a Microsoft Word document** (PDFs will be accepted).Please **complete ALL fields**. Please note, we are unable to accept incomplete booking forms. Failure to provide a fully completed booking form will jeopardize your place on the course.Please note that you will be **required to complete a university enrolment task** to gain access to your UoB IT account & this task includes the requirement to **provide a copy of photographic ID.**Instructions on how to enrol will be sent to you approximately 3 weeks prior to the course (Introductory week) start date.If you experience issues with the enrolment task, please contact: enrolment@bradford.ac.ukIf you experience IT issues, please contact: itservicedesk@bradford.ac.uk or call 01274 233333.Please note that a variety of tasks on our DCM™ Virtual Learning Environment are required to be completed to pass the course. Please be aware that failure to fully enrol **5 days prior to the first tech support session tutorial** will result in **your place on the course being suspended**. |
| **Title of Course: *Dementia Care Mapping™ for Realising PCC*****Part time****Start date: SEPTEMBER 2022** |  **Route code:** (office use only) |
| **Surname/Family Name:** (block letters) | **Other Names:** (block letters) |
| **Title: Miss/Mr/Mrs/Ms/Mx** (delete as appropriate) | **Previous Surname:** (if applicable) |
| **Job title:** | **Name of employing organisation:** |
| **Male/Female/Other**(delete as appropriate) | **Date of Birth:** | **Passport Number:** | **Passport expiry date:** |
| **Nationality:** | **Country of Birth:** | **Country of Residence:** | **Date of first entry to UK:** |
| **Address for Correspondence:** (block letters) (Please note that course materials will be sent to this address)**Mobile No: E-mail Address:**  |
| **Home or Permanent Address if different from above:** (block letters)**Telephone No: E-mail Address:**  |
| **Do you have any physical or other disability which might necessitate Yes No****special arrangements or facilities?** (Please tick)If yes, please provide further details: |
| **Payment:**The *Dementia Care MappingTM for Realising Person Centred Care* course fee is £975 inclusive of all learning materials.This booking will be paid for by: Me personally via online payment  My organisation – please provide details: Full name of organisation and address, including post code, for invoice: (block letters)   Contact name & email address for invoice: |
| I confirm that the information given on the form is true, complete and accurate and that no material information has been omitted.I confirm that I have read the University regulations regarding the appropriate use of University IT services.<https://www.bradford.ac.uk/media-v8/site/governance/regulations/Regulation-21.pdf>The University collects, holds and processes personal information in order to manage its operations effectively and to administer education and related functions. These activities are carried out in accordance with the General Data Protection Regulation (GDPR), the Data Protection Act 2018 and the University's Data Protection Policy. I understand that the processing of my personal data by the University is necessary for these purposes. <https://www.bradford.ac.uk/data-protection/student-privacy-notice/>Cancellations must be made via email to dementia@bradford.ac.uk. For places cancelled by the Monday four weeks before the start of the course, the full course fee will be refunded. Between the following Tuesday and the second Monday before the course, inclusive, a charge of 50% of the fee will be made. After that day, or for non-attendance, the full amount will be payable.**Signature: Date:****Please return your completed booking form to:** **dementia@bradford.ac.uk** |