# School of Health - fees payment notification

To be completed by all applicants for post–registration awards or courses and short courses

All fields (where applicable) must be completed. Any forms returned to us which are not completed correctly or incomplete will be returned and this will delay your application.

## If you are funded by a NHS Regional Contract\* (LBR Funding)

Please complete sections A, D and E

\*For those applying for funding under NHS Regional contracts (LBR), this is a mandatory requirement to receive funding.

## If you are employer-funded

Please complete sections B and E

## If you are self-funding

Please complete sections C and E

### 1 – Applicant details

Title: (Mr/Mrs/Miss/Ms)………………… Surname………………………………………………………………………………….

Forename…………………………………………………………………………………………………………………………………………..

Address………………………………………………………………………………………………………………………………………………

………………………………………………………. Postcode………………………………………………………………………………….

Course or module……………………………………………………………………………………………………………………………..

### 2 – Employer details – this section only needs completing if you are an LBR or employer-funded applicant. Self-funders please move to Section C.

Name…………………………………………………………………………………………………………………………………………………

Address………………………………………………………………………………………………………………………………………………

………………………………………………………. Postcode………………………………………………………………………………….

Phone…………………………………………………………………………………………………………………………………………………

### Section A

#### To be completed by Line Manager:

I, the undersigned, support this individual’s application which is aligned to service requirements and has been identified as part of an appraisal process.

Manager’s Name ……………………………………………………………………… (Print clearly)

Manager’s Signature…………………………………………………………………...

Date…………………………..

#### To be completed by LBR Lead:

I, the undersigned, support this application on behalf of the organisation and confirm with respect that payment will be obtained through the appropriate NHS regional funding for post-registration courses or modules.

LBR Lead Name………………………………………………………….. (Print clearly)

LBR Lead Signature……………………………………………………………………

Date: ……………………………………………. (Typed signatures will not be accepted)

Please see the link below which will take you to a list of email addresses for approved LBR signatories with East Midlands region.

<http://em.hee.nhs.uk/wp-content/uploads/sites/476/2014/01/14.01.24-Schedule-8-HEEM-LBR-Leads-Contact-Details-final-2.pdf>

For Milton Keynes NHS applicants please contact:

Milton Keynes NHS Community: alison.drage@mkchs.nhs.uk

Mentorship courses: marie.mahendran@mkchs.nhs.uk

Milton Keynes NHS Acute: sue.coombs@mkhospital.nhs.uk

### Section B

#### To be completed by Employer:

I, the undersigned, authorise study leave and payment of fees. Please send invoice to:

Manager’s Name………………………………………………………………………………………………………………………...

Manager’s Signature……………………………………………………………………………………………………………………

Manager’s email address……………………………………………………………………………………………………………

Invoice FAO, or purchase order number reference…………………………………………………………………..

Invoice address……………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………

### Section C

#### To be completed if you are paying your own fees.

I will be paying my own fees please send me an invoice.

Signed……………………………………………………………………………………………………

Date …………………………………………

### Section D

I confirm that I understand that my receipt of any LBR funding entitles the University to report to the relevant body or employer details of my attendance, withdrawal from modules and educational activities associated with the funded study.

(Please note that without this agreement you will still be able to enrol on the course but will not be eligible for LBR funding).

Signed……………………………………………………………………………………………………

Date …………………………………………

All students funded by a regional NHS contract MUST inform the Programme Administrator if they change employer during the course of undertaking their study – failure to do so may involve the university making a fraudulent claim for funding.

The programme administrators in the School of Health are:

Lucy Hartley for continuing students on level 6 BSc modules and programmes - Lucy can be contacted on 01604 892705 or by email lucy.hartley@northampton.ac.uk.

Louise Sandy for continuing students on level 7 modules and programmes - Louise can be contacted on 01604 892847 or by email louise.sandy@northampton.ac.uk.

### Section E

Please indicate your professional group as per the list below:

|  |  |  |  |
| --- | --- | --- | --- |
| Audiology |  | Nursing (Learning Disability) |  |
| Biomedical Scientist |  | Nursing (Mental Health) |  |
| Child Psychotherapist |  | Occupational Therapy |  |
| Clinical Psychology |  | Other (Please state) |  |
| Community Specialist Practitioner |  | Paramedics |  |
| Dental Care Practitioner |  | Pharmacy |  |
| Dietetics |  | Physiotherapy |  |
| Midwifery |  | Podiatry |  |
| MPPM |  | Radiography |  |
| Nursing (Adult) |  | SALT |  |
| Nursing (Child) |  |  |  |