Jane

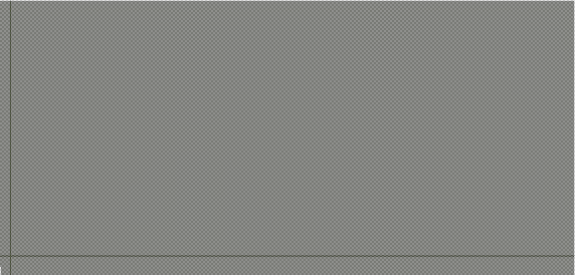
**YSGOL GWYDDORAU GOFAL IECHYD RHAGLENNI ÔL-GOFRESTRU A RHAGLENNI CYSYLLTIOL**

**FFURFLEN GAIS MODIWL**

**SCHOOL OF HEALTHCARE SCIENCES**

**POST REGISTRATION**

**&**



**ASSOCIATE PROGRAMMES**

**MODULE APPLICATION FORM**

|  |  |
| --- | --- |
| **MANYLION PERSONOL / *PERSONAL DETAILS (PLEASE COMPLETE ALL FIELDS WHERE POSSIBLE)*** | |
| **Teitl / *Title* (**Mr, Mrs, Ms *etc.)* |  |
| **Enw Llawn / Full Name** |  |
| **Cyfeiriad Cartref / Home Address Details** |  |
|  | |
| **Cod Post / Post Code** |  |
| **PLEASE PROVIDE A CURRENT EMAIL ADDRESS FOR ALL CORRESPONDANCE** |  |
| **Rhif Ffôn / Tel Number** |  |
| **\*Rhif Symudol/Mobile Number** |  |
| **\*Dyddiad Geni / \*Date of Birth** |  |
| **Gwlad Geni / Country of Birth** |  |
| **Tras Ethnig / Ethnic Origin** |  |

|  |  |
| --- | --- |
| **TEITL Y MODIWL / *MODULE TITLE*** | **DYDDIAD DECHRAU /** |
|  | ***COMMENCEMENT DATE*** |
|  |  |
| **LLEOLIAD / *VENUE*** | **LEFEL / LEVEL 5, 6, 7** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **MANYLION PROFFESIYNOL / *PROFESSIONAL DETAILS \*(please complete all fields)*** | | |
| **Swydd Bresennol / \**Current Position*** |  | |
| **\*Cyflogwr / *\*Employer*** |  | |
| **Cyfeiriad Gwaith / *Work Address*** |  | |
| **Rhif Ffôn / *Tel Number*** |  | |
| **\*Rhif Adnabod NMC / *\*NMC Pin No*** |  | |
| **\*Dyddiad Dod i Ben / *Expiry Date*** |  | |
| **Cwrs Ôl-gofrestru Modiwlau Ddilynwyd**  ***Previous Post Registration Modules Undertaken*** | | **Dyddiad Cwblhau**  ***Date Completed*** |
|  | |  |

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| --- | --- |
| **\* Dangoswch eich gallu yn y Gymraeg /** Please indicate your proficiency in Welsh***:*** | |
| **Ddim yn siarad Cymraeg**  Non Welsh Speaker | **Ie/Na** |
| **Dysgwr Cymraeg**  Welsh Learner | **Yda/Nac ydw** |
| **Siaradwr Cymraeg**  Welsh Speaker | **Ydw/Nac Ydw** |
| **Hoffech chi dderbyn gohebiaeth yn y Gymraeg**  Would you like to receive correspondence in Welsh |  |

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| **TALU FFIOEDD A CHADARNHAU ABSENOLDEB ASTUDIO**  ***PAYMENT OF FEES AND CONFIRMATION OF STUDY LEAVE***  ***GWEITHWYR BCUHB EMPLOYEES*** | | |
|  | | |
| **Please confirm Mandatory Training is up to date as per BCUHB Policy Yes/No** |  | |
| **Enw’r Rheolwr / *Manager name*** |  | |
| **Llofnod y Rheolwr / *Manager signature*** |  | |
| ***Dyddiad / Date*** |  | |
| I’W LENWI GAN Y DIRPRWY GYFARWYDDWR NYRSIO (ADDYSG) / **TO BE COMPLETED BY**  **THE DEPUTY DIRECTOR OF NURSING (EDUCATION):**  \*\*DILËWCH FEL BO ANGEN *// \*\*PLEASE DELETE AS APPROPRIATE:*  ***\* FFIOEDD I’W TALU GAN GONTRACTAU CYFREDOL YR YMDDIRIEDOLAETH Â PHRIFYSGOL BANGOR FEES ARE TO BE COVERED BY CURRENT TRUST CONTRACTS WITH BANGOR UNIVERSITY:***  ***\*FFIOEDD I’W TALU GAN GYLLID CONTRACT NLIAH / FEES ARE TO BE COVERED BY NLIAH CONTRACT FUNDING*** | | |
| ***Llofnod y Dirprwy Gyfarwyddwr Nyrsio (Addysg) Deputy Director of Nursing (Education) Signature*** | |  |

**TALU FFIOEDD A CHADARNHAU ABSENOLDEB ASTUDIO PAYMENT OF FEES AND CONFIRMATION OF STUDY LEAVE**

**RHAI NAD YDYNT YN GWEITHIO Â’R BCUHB NON - BCUHB EMPLOYEES**

|  |  |
| --- | --- |
| **Llofnod y Myfyriwr / Cyflogwr**  ***Student / Employer signature:*** |  |
| **Dyddiad / *Date:*** |  |
| **Cyfeiriad Anfoneb / *Invoice Address:*** |  |
|  | |

**ANFONWCH EICH FFURFLEN GAIS/GOFRESTRU WEDI EI LLENWI AT:**

PLEASE SEND COMPLETED APPLICATION/REGISTRATION FORM TO:

**Email:** [**s.jeffreys@bangor.ac.uk**](mailto:s.jeffreys@bangor.ac.uk)

**Post: Sandra Jeffreys, Admissions (RTP), PLPU Unit, Brigantia, Penrallt Road, Bangor Gwynedd LL57 2AS**

|  |  |
| --- | --- |
| **At ddefnydd y swyddfa’n unig / *For Office Use Only*** | |
| **Derbyniwyd y cais / *Application received*:** |  |
| **Anfonwyd llythyr cynnig / *Offer letter sent:*** |  |
| **Rhoddwyd i mewn yn Banner / *Entered on Banner:*** |  |