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**

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| **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** |  |

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

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

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| **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:*** |  |