***Investigative Ophthalmology and Vision Sciences CPD Application***

***Application form***

***This should be completed and emailed to*** [***pgtaught.optometry@manchester.ac.uk***](mailto:pgtaught.optometry@manchester.ac.uk) ***at least two weeks before the start of the course (ideally longer)***

***Please complete electronically and read the declaration at the bottom of the form.***

***You must also attach, along with the completed version of this form, two references and a CV. These can also be provided at a later date to*** [***pgtaught.optometry@manchester.ac.uk***](mailto:pgtaught.optometry@manchester.ac.uk)***, if you are currently awaiting these documents. No decision can be made on your application until these are received.***

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| --- | --- |
| **Personal/Employer Details:** | |
| **Chosen course(s) (delete as appropriate)** | Glaucoma CPD unit  Macular Degeneration CPD unit  Retinal Vascular Disease CPD unit |
| **Title (Mr, Miss, Mrs, Dr etc.)** |  |
| **First Name (s)** |  |
| **Surname** |  |
| **Gender** |  |
| **Date of Birth** |  |
| **Home Address (or alternative mailing address eg work)** |  |
| **Country of Birth** |  |
| **Country of Citizenship** |  |
| **Country of Residence** |  |
| **Contact Telephone Number** |  |
| **Email (for all communication)** |  |
| **Complete only if you have studied at University of Manchester before:** |  |
| **Name of course** |  |
| **Year of entry** |  |
| **Your unique 7 digit ID number (if known)** |  |
|  |  |

The information contained in this application will be used for the purpose of processing your application and, if you are admitted, will form part of your University student record. All data is held and processed in accordance with the requirements of the Data Protection Act 1998 and within the limits agreed with the University’s Data Protection Officer. A full statement of how The University of Manchester intends to process student may be obtained at any time from the Student Services Centre.

**By submitting this form to** [**pgtaught.optometry@manchester.ac.uk**](mailto:pgtaught.optometry@manchester.ac.uk)**, you confirm you have read and agreed to the below statement:**

I certify that the information given in this application and in the supporting documents is accurate and complete. I understand that the submission of false, misleading, or inaccurate information may be sufficient cause for refusal of admission or termination of registration.