

**Faculty of Biology, Medicine and Health**

**Division of Nursing, Midwifery and Social Work**

**MSc / PGDip**

**Advanced Practice Interventions for Mental Health**

*With pathways in*

***Psychosocial Interventions for Psychosis***

***Primary Mental Health Care***

***Dementia Care***

**Employer support form**

Please type or use black ink. Please note once you have your employer’s support you must also complete the online application if you have not already done so ([www.manchester.ac.uk/postgraduate/howtoapply](http://www.manchester.ac.uk/postgraduate/howtoapply)).

|  |  |
| --- | --- |
| **1 PATHWAY CHOICE** |  |

Please indicate (✓) which **pathway** you are applying for:

|  |  |
| --- | --- |
| **Pathways** |  |
| **Psychosocial Interventions for Psychosis** |  |
| **Primary Mental Health Care** |  |
| **Dementia Care** |  |

|  |  |
| --- | --- |
| **2 PERSONAL DETAILS** |  |
| SURNAME | FORENAME(S) |
| TITLE (mr, mrs, ms, miss, dr) | DATE OF BIRTH |
| CONTACT DETAILS (ADDRESS) | |
| E-MAIL ADDRESS | MOBILE TELEPHONE |
| HOME TELEPHONE | WORK TELEPHONE |
| EMPLOYING ORGANISATION (NAME) | |

|  |  |
| --- | --- |
| **3 CURRENT EMPLOYMENT** | |
| POSITION/JOB TITLE | EMPLOYER |
| ADDRESS | |
| DATE EMPLOYED FROM | GRADE |

|  |
| --- |
| BRIEF DESCRIPTION OF RESPONSIBILITIES |

|  |  |  |
| --- | --- | --- |
| **4 REASONS FOR APPLYING FOR THE PROGRAMME** | | |
|  | | |
| **For applicants for the PSI for Psychosis Pathway** please indicate (✓) if your application has been discussed with the Chair of the Trust, Liaison Group/Trust PSI Lead | **YES** | **NO\*** |
|  |  |
| \* If no – please explain why | | |

|  |  |  |  |
| --- | --- | --- | --- |
| APPLICANT’S SIGNATURE |  | DATE |  |

**NB.** Please rememberto get section 5 completed

|  |
| --- |
| **5 LINE MANAGER SUPPORT** |

**To be filled in by your manager prior to return**

|  |  |
| --- | --- |
| Applicant’s Name |  |
| Manager’s Name |  |
| **Manager’s details** | |
| Position/Job Title |  |
| Address |  |
| Tel no: |  |
| e-mail: |  |

*In my capacity as the line manager for the member of staff named above I support this application and agree that I will offer them the following support whilst they are studying on the MSc/Pg Dip Advanced Practice Interventions for Mental Health*

|  |  |  |
| --- | --- | --- |
|  | Please (✓) | |
|  | **YES** | **NO** |
| The student will be able to have one study day per week to attend the University for the duration of the programme |  |  |
| The student will, where required, be given additional time outside of their normal clinical and service responsibilities tocarry out specific clinical work related to the programme units and to receive clinical supervision/practice mentorship |  |  |
| I will work with the student whilst they are studying on the course to support them and identify how the service can make best use of their newly acquired knowledge and skills. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| MANAGER’S SIGNATURE |  | DATE |  |

**Once fully completed, this form should be returned to:**

**Postgraduate Admissions Assistant** - MSc/PGDip APIMH, Division of Nursing, Midwifery and Social Work, University of Manchester, Jean McFarlane Building, Oxford Road, Manchester, M13 9PL

Telephone: 0161 306 0270 E-mail: [pgtaught.nursing@manchester.ac.uk](mailto:pgtaught.nursing@manchester.ac.uk)

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**Employer Support form Guidance Notes**

**This fully completed form should be returned to:**

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M13 9PL

Telephone: 0161 306 0270 E-mail: [pgtaught.nursing@manchester.ac.uk](mailto:pgtaught.nursing@manchester.ac.uk)

**Students must also complete the online application form** [www.manchester.ac.uk/postgraduate/howtoapply](http://www.manchester.ac.uk/postgraduate/howtoapply)

**1. Pathway Choice**

* Please indicate which specific pathway you are applying for

**2. Personal details**

* Please give full contact details and advise us if they change at any time during the application process.
* Please ensure you give the full and correct title of your employing organisation – i.e. NHS Trust etc

**3. Current employment**

* Please complete all information regarding current employment and briefly outline responsibilities
* For new graduate workers (Primary Mental Health Care pathway) who have not completed the PgCert Primary Mental Health Care and who are applying for posts you should indicate this clearly on your application form.

**4. Reasons for applying for the programme**

* Please provide a brief account of why you are applying for this course. It may be useful to consider both benefits for your practice and development and those relating to the organisation who will be required to support you during this period of education.
* **Please remember to sign and date your application**

**5. Line Manager support**

* This section is for signing off by your line manager.
* The person completing and signing this section must have appropriate authority within the organisation to agree the support offered.
* This must be fully completed by them prior to return to the University

**NB.** This section may not apply to **new** Primary Care Graduate Mental Health Workers applying for the programme (Primary Mental Health Care pathway) as part of application for employment in their first post

**Subsequent processes.**

Once you have completed the **employer support form and on-line application form** you will be notified of the outcome of your application. However, decisions about the allocation of NHS North West (SHA) **funded** places will be made at a later stage and you may be invited to attend an interview at the university or jointly with the University and employing organisation.