



RCN Sexual Health Skills, Grey Building, Southwood Site, Avery Hill Road, Eltham, London SE9 2UG. Please post this form to this address. Do NOT e-mail this form.

## Application Form

### 1. PERSONAL DETAILS

Please complete in BLOCK CAPITALS

Name:

Address 1:

(Home)

Address 2:

(Mailing add  
where  
course pack  
will be  
sent)\*

e-mail:

Home:

Work:

Telephone number(s):

RCN Membership No *if applicable* :

NMC No *or other registration no if applicable* :

\*We are aware that deliveries of parcels are not always at convenient times and suggest perhaps using your work address for us to send you the course pack. Leave blank if you prefer to use your home add.

### 2. RCN OFFICE

Please tick your nearest RCN office (assessment days will be held there) from the list:

NB: Your choice of office may be subject to change in the event that there are not enough students.

- |  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Belfast         | <input type="checkbox"/> Birmingham | <input type="checkbox"/> Bolton    |
| <input type="checkbox"/> Bury St Edmunds | <input type="checkbox"/> Cardiff    | <input type="checkbox"/> Edinburgh |
| <input type="checkbox"/> Exeter          | <input type="checkbox"/> Leeds      | <input type="checkbox"/> London    |
| <input type="checkbox"/> Sunderland      | <input type="checkbox"/> Nottingham |                                    |

### 3. COURSE DATE

Please write 1 and 2 to indicate you first and second preference.

- 9<sup>th</sup> Jan '06 to 21<sup>st</sup> Apr '06       18<sup>th</sup> Apr '06 to 28<sup>th</sup> Jul '06       18<sup>th</sup> Sep '06 to 7<sup>th</sup> Jan '07

#### 4. EDUCATION

Full name and address of institution	From	To	Part of NMC register (if applicable) and registration date	Qualification awarded in full	Results (grade, band or classification)	Credit rating, award & level
	(Month/Year)					
Professional registration courses taken (please mark <i>pending</i> under Results if your results are not yet known)						
Academic qualifications (please mark <i>pending</i> under Results if your results are not yet known)						

## 5. PROFESSIONAL EXPERIENCE

Please give brief details of present post

Name and Address of Employer:

Job title/ Role:

Grade:

Start date (month/year):


## 6. MINI-SURVEY Please tick the appropriate box(es)

(A) Have you attended a programme/course at the RCN Institute previously?  YES  NO

(B) How did you find out about the Sexual Health Skills distance learning programme?

Sexual Health Skills Leaflet  Presentation / conference  Word of mouth

RCN bulletin  other bulletin/ journal  Other, please specify

(C) For what reason(s) have you decided to undertake this course?

Personal interest  Career progression  Essential for my work

Part of Return to Nursing professional development  Other, please specify

(D) Special requirements:  
(dietary, disability)

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## 7. PAYMENT DETAILS

The fees are £275. Please tick a box to indicate your choice of payment.

I enclose a cheque for £275.

*Payable to the Royal College of Nursing . Please write Sexual Health Skills DLP (P401/P196/8108) and your name on the back of the cheque.*

I wish to pay by card.

I authorise you to debit my VISA/ MASTERCARD/ SWITCH (*please circle*) for £275 (two hundred and seventy five pounds Sterling)

Card Number:

Expiry date:

Issue Number (Switch only):

Start date (new Switch cards only):

Cardholder's Name:

Cardholder's billing address:

Cardholder's signature:


I am being sponsored. Please attach instructions of **who** and **where** (full address) to send an invoice to. Groups of students can also be invoiced- please contact us (details on page 4).

## EQUAL OPPORTUNITIES MONITORING

The RCN is committed to seeking equal opportunities for all applicants. The purpose of this section is to collect information on the ethnic origin of applicants, so that application and admission rates from different ethnic groups can be monitored and compared over successive years. The information you provide will NOT be passed to the admissions tutor and will not influence selection.

Please tick ONE box from the list below.

White British	<input type="checkbox"/>	Asian or Asian British Bangladeshi	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Scottish	<input type="checkbox"/>	Asian other*	<input type="checkbox"/>
Irish traveller	<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>
White other*	<input type="checkbox"/>	Mixed White and Black African	<input type="checkbox"/>
Black or Black British Caribbean	<input type="checkbox"/>	Mixed White and Asian	<input type="checkbox"/>
Black or Black British African	<input type="checkbox"/>	Other mixed background*	<input type="checkbox"/>
Black other*	<input type="checkbox"/>	Other ethnic background*	<input type="checkbox"/>
Asian or Asian British Indian	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Asian or Asian British Pakistani	<input type="checkbox"/>	Information refused	<input type="checkbox"/>

\*If you ticked this category, please describe your ethnic origin using the space provided below.

*Please post the completed form to us:*

RCN Sexual Health Skills, Grey Building, Avery Hill Campus, Southwood Site, Avery Hill Rd, Eltham, London SE9 2UG

If you have any queries about this application form or indeed about the course, please write to the address on the top of the first page, or e-mail: [sexualhealthlearning@rcn.org.uk](mailto:sexualhealthlearning@rcn.org.uk). NB: Please DO NOT e-mail us your registrations forms as we do not have a secure system for dealing with payment details. You may also telephone 020 8331 8692 (NB: Mon, Wed or Fri).

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## THE DATA PROTECTION ACT

The information provided on your application will be used for the following purposes only:

- To enable your application for RCN Institute to be considered
- To allow the Institute to compile statistics, or to assist other organisations or individual research workers to do so, provided that no statistical information which could identify you as a person will be published
- To enable the Institute to set up your student record

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Thank you for your application. On receipt of your completed application form and payment, we will send you a confirmation letter including details of when the course pack will be sent to you and the dates and details of the two assessment days.