



## Course information form

The below named applicant has applied to register as a **[insert profession]** with the Health Professions Council, enabling them to work within the UK. We need to obtain details of each applicant's professional training. Please provide details on the content of each part of the course the applicant undertook at your institution.

We require content of academic and clinical training, including approximate numbers of hours within each part of the course. Any scores obtained under examination may also be useful. A list of procedures undertaken and departments attended during the course is valuable in the assessment process.

Please indicate the range and scope of clinical placements undertaken. It is likely that this will take up several pages. A syllabus is unlikely to provide sufficient applicant specific detail for registration purposes, but a copy may be provided in addition to the Course Information form. If part of the applicants training took place at another institution, please indicate N in the "Undertaken at this institution" box. A Curriculum Certifying Document may be submitted if the detail below is included.

1	Name of applicant:	<input type="text"/>		
1.1	Name of institution:	<input type="text"/>		
1.2	Institution address:	<input type="text"/>		
1.3	Title of professional course:	<input type="text"/>	Institute Seal or Stamp	
	Year applicant course commenced:	<input type="text"/>		
	Year applicant course completed:	<input type="text"/>		

Please input your response into the table below. The fields will grow to accommodate your answer

Course Year 1,2,3,4 ,	Subject, descriptive title of subject, session, theme or module name.	Content and examination method, hours studied. This may be taken from the syllabus, but must only include the components of the course undertaken by the named applicant. Optional courses not undertaken by the applicant should not be included.	Assessment Method. Verbal = V Written = W Practical = P	Undertaken at this institution Y/N