# Supplementary Information Document

# Postgraduate Certificate in Systemic Practice 2024-2025

This document provides us with important information on your suitability for the course, managerial support and funding arrangements. Please complete it carefully and in detail before uploading to your online application portal. **Your application cannot be processed without this document.**

**Applicant’s name:**

#### 1. Professional registration

|  |  |  |
| --- | --- | --- |
| Professional Registration (Please give the names of bodies e.g. GMC/BACP/NMC/HCPC and level/status of current professional registration or membership.  **For BACP please state whether you have membership or accredited status** | Date of Registration: | Registration Number: |

#### 2. Managers permission for systemic practice requirement and use of confidential clinical material

As part of the training requirement on the Postgraduate Certificate at the University of Leeds, students are expected to discuss their clinical practice and to present a case study of their work with clients as part of their formal assessment in small groups.

You must obtain written permission from your workplace manager to bring clinical material from that setting for case discussion to the course. This is an expectation both for the written assignments and for your small group work throughout the course. The permission form below needs to be completed and returned as part of your application.

**These discussions are not clinical supervision. The course staff are clear that decisions regarding clinical work are made between the applicant and their line manager or clinical supervisor.** Progress on training is enhanced by access to systemic supervision and this is recommended where possible.

The course staff expect students to practice in accordance with the Association of Family Therapy and Systemic Practice’s Code of Ethics and to ensure that the clinical material is anonymised.

**Applicant:** *If successful in being admitted to the Postgraduate Certificate in Systemic Practice Course I agree that I will abide by the AFT Code of Ethics and Practice and ensure confidentiality is maintained in the use and presentation of clinical material for this course*

Name of Applicant……………………………….………………….…………………

Signature ……………………………………………………………… Date………………………………….

**Information for the manager:**

Students on Systemic Practice courses are required to bring anonymised clinical material from their professional practice for discussion and as assessment of their systemic practice.

It is also a requirement of this course, **in the second year of study**, that students complete at least 60 hours of systemic practice as *lead clinicians* in their agencies and that they will have case material to bring for discussion/consultation.

For the purposes of this requirement ‘systemic practice’ may be defined as therapeutic work using systemic skills and techniques learnt during this systemic therapy training and undertaken with individual adults or older children, couples or groups of two or more family members. Child protection investigations are not included in this.

Students will be required to keep a diary to record hours of systemic practice over the duration of **the second year of the course** and the diary is countersigned by their supervisor or manager. Students are also required to provide a recording (audio or video) of one session of their practice during their **second year of study** for assessment purposes.

Please complete and sign this page and return to the applicant. Thank you for your time and consideration.

Name of applicant …………………………………………………………………………………………...

Name of employer ……………………………………………..…………………………………………...

Address of employer ………………………………………………………...…………………………

As manager, I agree on behalf of the above agency that this student has my permission to present their clinical work as part of the Postgraduate Certificate in Systemic Practice and to develop their systemic practice as described above within their current role, responsibilities and supervision arrangements.

Name of Manager ……………………………………Title of post …………………………………………..........

Signed ……………………………………………… Date …............................................................................

#### 3. Funding arrangements

Please tick one of the following options:

1. I am funding my study myself. This is indicated on the main University of Leeds application form and you do not need to complete any further funding information here.
2. I will be funded by my employer. **Please follow instructions in section (i) below.**
3. I wish to apply for NHS Workforce Development Transformation funding. **Please complete section (ii) below.**

##### Agency/employer sponsorship

If you have already agreed sponsorship with your employer, please upload a letter with your application. Otherwise, we will need the letter submitting to us by no later than **1st September** as this is a requirement of registration.

Your sponsor must write to us on official, letter-headed paper and give the following information:

* The student name in full
* The student ID number if available
* Duration and course of study
* Duration of sponsorship and amount in UK sterling
* Name and address of where the University Fees Team should send the invoice
* Preferred email contact address for invoice queries (not mandatory, but enables faster invoicing and query resolution)
* If available, the purchase order or the purchase order number should also be included.

You can either upload this sponsor letter to the application portal, or email it to [pgmed-admissions@leeds.ac.uk](mailto:pgmed-admissions@leeds.ac.uk)

##### NHS Workforce Development Transformation Funding Application Form for eligible NHS staff in the Yorkshire & Humber region

##### Postgraduate Certificate in Systemic Practice – 2024-2025

***\* Please tick the relevant trust below*** to indicate that you are employed by the trust and wish to apply for funding from the Specialist Skill and Post Registration Development (SSPRD) funding.

|  |  |
| --- | --- |
| **Barnsley and Sheffield**  ¨ Barnsley Hospital NHS Foundation Trust  ¨ NHS Barnsley CCG  ¨ NHS Sheffield CCG  ¨ Sheffield Children’s NHS Foundation Trust  ¨ Sheffield Health and Social Care NHS Foundation Trust  ¨ Sheffield Teaching Hospital NHS Foundation Trust  **Bradford**  ¨ Airedale NHS Foundation Trust  ¨ Bradford District Care NHS Foundation Trust  ¨ Bradford Teaching Hospitals NHS Foundation Trust  ¨ NHS Airedale, Wharfedale and Craven CCG  ¨ NHS Bradford City CCG  ¨ NHS Bradford Districts CCG  **Calderdale and Huddersfield**  ¨ Calderdale and Huddersfield NHS Foundation Trust  ¨ NHS Calderdale CCG  **Doncaster and Rotherham**  ¨ Doncaster and Bassetlaw Hospitals NHS Foundation Trust  ¨ NHS Bassetlaw CCG  ¨ NHS Doncaster CCG  ¨ NHS Rotherham CCG  ¨ The Rotherham NHS Foundation Trust  ¨ Rotherham, Doncaster and South Humber NHS Foundation Trust  **East Riding of Yorkshire and Hull**  ¨ City Health Care Partnership CIC  ¨ Hull and East Yorkshire Hospitals NHS Trust  ¨ Humber NHS Foundation Trust  ¨ Navigo Health & Social Care CIC  ¨ NHS East Riding of Yorkshire CCG  ¨ NHS Hull CCG | **Leeds**  ¨ Leeds and York Partnership NHS Foundation Trust  ¨ Leeds Community Healthcare NHS Trust  ¨ The Leeds Teaching Hospital NHS Trust  ¨ NHS Leeds North CCG  ¨ NHS Leeds South and East CCG  ¨ NHS Leeds West CCG  **North and North East Lincolnshire**  ¨ NHS North East Lincolnshire CCG  ¨ NHS North Lincolnshire CCG  ¨ Northern Lincolnshire and Goole Hospitals NHS Foundation Trust  ¨ Care Plus Group  **North Yorkshire and York**  ¨ Harrogate and District NHS Foundation Trust  ¨ NHS Hambleton, Richmondshire and Whitby CCG  ¨ NHS Harrogate and Rural District CCG  ¨ NHS Scarborough and Ryedale CCG  ¨ NHS Vale of York CCG  ¨ York Teaching Hospitals NHS Foundation Trust  ¨ Tees, Esk & Wear Valley NHS Foundation Trust  **Wakefield and Kirklees**  ¨ Locala Community Partnerships CIC  ¨ Mid Yorkshire Hospitals NHS Trust  ¨ NHS Greater Huddersfield CCG  ¨ NHS North Kirklees CCG  ¨ NHS Wakefield CCG  ¨ South West Yorkshire Partnership NHS Foundation Trust  **Other NHS**  ¨ Yorkshire Ambulance Service NHS Trust  ¨ Yorkshire & Humber NHS: Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please note that if you have indicated that you wish to apply for Workforce Development Transformation funding, we will contact you with further details about how to complete the funding application in due course.