Practitioner Training Programme   
change notification

*A separate form must be completed for each NSHCS accredited programme*

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| **Section 1**  **The Programme** | |
| **University** |  |
| **Programme title** | BSc (Hons) Healthcare Science [please insert specialism] |
| **Mode of delivery** | Full time Part time  Other (please provide details) |
| **Contact details** | |
| **Name** |  |
| **Job title** |  |
| **Telephone number** |  |
| **Email address** |  |

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| **Section 2**  **Proposed change(s)**  **Indicate which aspects of your programme will be affected by the change(s).** |
| 1. Academic Content 2. Teaching Method(s) 3. Placement learning 4. Admissions 5. Programme management 6. Programme resources 7. Curriculum 8. Assessment 9. Other (please state) |
| **Provide a detailed description of proposed change(s). Please relate these to the accreditation standards for PTP.** |
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| **Section 3**  **University internal process** |

**Details of university approval process including dates of meetings.**

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When do you wish to introduce any change(s)? (specify academic year)

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**Documentation: provide electronic copies of the change documentation and list here the documents you have attached.**

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| **Section 4**  **Discussion with stakeholders** |

Provide details of your discussions with stakeholders

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