Template – please print out on your TRUST’s headed paper

Dear Employer/OH Department/GP

The following Physiotherapist [INSERT NAME] is applying to the University of Hertfordshire to undertake Musculoskeletal Injection Therapy Masters module (7HSK2058). The Chartered Society of Physiotherapy (CSP) (2021) state that all Physiotherapists who undertake Injection Therapy module must have appropriate Hepatitis B immunisation to practice this intervention safely and confirmation of the applicant’s Hepatitis B immunisation is a requirement of the admissions process to the module.

By completing the form below you are confirming that the student named above has met this requirement. Following this, responsibility for meeting the ongoing required safety requirements set out by the CSP (2021) is the responsibility of the student and their employer (if appropriate).

The applicant’s employing Occupational Health Department/service or GP should complete the information below about the student. This document will be made available to the MSc Advanced Physiotherapy Admissions Teams who review all student applications. It should not contain confidential information without the consent of the applicant. In signing this form, the applicant consents to the sharing of Hepatitis B immunisation information between their GP/Occupational health staff of their employer and relevant Programme staff at the University of Hertfordshire.

Chartered Society of Physiotherapy. (2021). CSP expectations of educational programmes in injection therapy for Physiotherapists (3rd Edition). Retrieved March, 31, 2022 from <https://www.csp.org.uk/system/files/publication_files/PD071_InjectionTherapyExpecs_Feb2021%5B1%5D.pdf>

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University of Hertfordshire

Musculoskeletal Injection Therapy Masters Module

7HSK2058

EVIDENCE OF CURRENT HEPATITIS B IMMUNISATION

To be completed by the applicant

APPLICANT’S NAME……………………………………………………………………

I consent to share this information with relevant University of Hertfordshire staff to review my application for Musculoskeletal Injection Therapy Module (7HSK2058).

APPLICANTS SIGNATURE ……………………………………….…………………..

To be completed by Occupational Health or GP

In my capacity as Occupational Health practitioner / GP (please delete as indicated) for the above applicant, I confirm that they have completed appropriate Hepatitis B immunisation / have provided acceptable evidence that they are a non-responder to employer standards (delete as indicated).

NAME (Block Capitals): …...………………………………………………………..

SIGNATURE: ……………………………………………………………..

POSITION: ……………………………………………………………..

STAMP:

DATE: …………………………………………………………….