University Use Only

BNS/BNT: DIRECT APPLICATION FORM**:**

The categories of applicants listed below who are seeking admission to the University, are required to apply directly to DCU using this form. Please tick appropriate box.

☐	**(BNS) Bachelor of Nursing Studies Online/Blended Learning (Honours) Degree**
☐	**(BNT) Bachelor of Nursing Theory Online/Blended Learning (Honours) Degree**
	For further information on entry requirements and programme details, please see **www.dcu.ie.** Closing date for applications is **10th June**.

Please complete this form with the necessary supporting documentation and the appropriate (non-refundable) application fee of €35 (EU Applicants) €60 (Non-EU applicants) by cheque, postal order or bank-draft to the ***Admissions Office, Registry, Dublin City University, Dublin 9.***

Please complete this form in BLOCK LETTERS using BLACK ink. All questions must be answered. DO NOT leave blanks.

BIOGRAPHICAL INFORMATION:

NAME :

_____
          Surname   First Name(s)

NAME AS ON BIRTH CERTIFICATE (if different from above)**:**

_____
          Surname   First Name(s)

DATE OF BIRTH: ___ / ___ / ___   **GENDER:**   Male ☐   Female ☐

CITIZENSHIP: _____   **COUNTRY OF BIRTH:** _____

PPS NUMBER (If applicable) _____

To gain access to the BNS course you must be a nurse registered with An Bord Altranais (The Irish Nursing Board). Please submit a copy of your current registration.

| Registration Number | |
| Dates of Registration | |

To gain access to the BNT course you must provide evidence of registration in your country of residence.

| Country of Registration | |
| Dates of Registration | |

COUNTRIES OF RESIDENCE
Please indicate the countries in which you were ordinarily resident for the 5 years preceding the date of this application:

Country:	From: MM/YY	To: MM/YY

ADDRESS FOR CORRESPONDENCE:
(Please notify us if your address changes.)

OTHER CONTACT DETAILS:

Home Telephone: _____

Mobile Telephone: _____

Work Telephone: _____

Email Address (Print clearly):

Programme of Choice, please indicate the programme you are selecting:

Bachelor of Nursing Studies (BNS): ☐ _____

Bachelor of Nursing Theory (BNT): ☐ _____

Please indicate your choice of offering types: Part-time ☐ Modular Degree ☐

Part-time degree will be completed in one year. Modular degree will be completed within 2-4 years

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If completing the programme in a part-time capacity please see suggested pathway below:

Bachelor of Nursing Studies (BNS) Bachelor of Nursing Theory (BNT)	
Semester 1	
Nursing; Science, Art & Practice	10
An introduction to nursing management	5
Semester 2	
Health Policy	10
Health Informatics	5
End of year 1 =30 credits	
Semester 1	
Research Methods	10
Nursing Research 1	5
Semester 2	
Nursing Research 2	10
Teaching and Assessing in the Workplace	5
End of year 2=30 credits	

WHERE DID YOU HEAR ABOUT OUR PROGRAMMES?

Radio Advertisement		Newspaper/Magazine Advertisement		Cinema Advertisement	
Advertisement on Public Transport		School Poster		Web	
Education Fair		Career Guidance/Teacher		International Agent	
Word of Mouth		Other – please specify:			

Updated by Registry:11th April 2014

SECONDARY SCHOOL EDUCATION

Name and Full Postal Address   Dates of Attendance

(i) _____   from _____to _____

_____

_____

_____

_____

FINAL SCHOOL LEAVING EXAMINATION RECORD
(Please ensure that an official certificate of results is included. A certified translation into English must be provided for results from non-English speaking countries):

TITLE OF EXAMINATION				
YEAR OF EXAMINATION				
SUBJECTS	**Level of Exam**	**Grade Or Mark**	**Level Of Exam**	**Grade Or Mark**

ENGLISH LANGUAGE COMPETENCY (for non-native speakers of the English language only): Overseas applicants for the BNT may be required to take an English Language Proficiency test.

Examining Body e.g. IELTS, TOEFL, Cambridge Proficiency * Cert should be included	**Actual or Expected Completion Date**	**Score**

DETAILS OF FURTHER EDUCATION / PROFESSIONAL EDUCATION (IF ANY)
   (Transcripts to be included)

In chronological order moving from left to right:

Institution Attended		
Period of Attendance		
Name of Programme		
Duration of Programme		
Full-Time or Part-time		
Title of Award (if any)		
Name of Awarding Body		
Have you completed the programme? **If 'No' please indicate** • **Period Completed to Date:** • **Date on which Final Results will be available:**	Yes ☐ No ☐	Yes ☐ No ☐
Level/Class of Award		
Main subject areas studied, with marks or grades obtained; continue on a separate sheet if necessary.		

DETAILS OF OTHER ACADEMIC, PROFESSIONAL DISTINCTIONS AND CONTINUING EDUCATION:
(if there is insufficient space please use a separate sheet and enclose with application)

_____

_____

_____

_____

_____

_____

EMPLOYMENT SINCE LEAVING FULL-TIME EDUCATION IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT:

Name and Address of Employer	Capacity in which you were employed	Dates From	To

200 Word Overview:

Please attach to this application a short overview (c. 200 words) indicating why you wish to complete the BNS or BNT Programme. The overview should include some detail on your practice experience.

GENERAL INFORMATION:
Why did you choose the programme you are applying for, and how do you perceive that successful completion of your chosen programme will benefit your career or occupation?

Have you any work experience in this area? If so, give brief details.

What attributes or characteristics do you feel you have which make you particularly suitable for this career or occupation?

Other information deemed relevant to the application.

It is not a mandatory requirement for an applicant to disclose their disability if they do not wish to do so. However, where a student chooses to disclose their disability, it is advisable to notify the DCU Disability Service on acceptance of a programme place so as to enable the Disability Service to provide reasonable supports to the student during their time at DCU. No applicant will be disadvantaged as a result of disclosing information pertaining to a Medical Condition/Disability.

Intending applicants may contact the disability service on tel: +353 (01) 7005927 or email: disability.service@dcu.ie for further information.

REFEREE CONTACT DETAILS:
(The Registry will assume permission to contact referees unless an applicant has stated otherwise.)

Name of Referee _____   Name of Referee _____

Position in organisation _____   Position in organisation _____

Address _____   Address _____

_____   _____

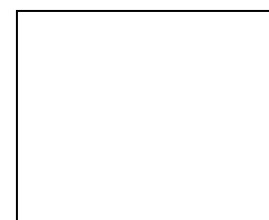Tel.No. _____   Tel.No. _____

DECLARATION:

I certify that the information given in this application is correct and I hereby undertake, if admitted as a student member of Dublin City University, to observe and comply with all the regulations of the University.

*Signature of Applicant: _____
(Mandatory)
Date: _____

One passport photograph

Return the completed application form, together with the necessary supporting documentation and the appropriate (non-refundable) application fee (€35 for EU applicants/€60 for non-EU applicants) by cheque, postal order or bankdraft to: .Admissions, Registry, Dublin City University, Dublin 9.
Telephone: +353-(0)1-700 5338; E-mail: registry@dcu.ie; Web: http://www.dcu.ie/registry/applications.shtml

FINAL REMINDER CHECKLIST:

1. **BNS: Copy of An Bord Altranais Registration**   ☐

2. **BNT: Copy of evidence of registration in your country of residence**   ☐

3. **Short overview (c. 200 words) of why you wish to complete the programme**   ☐

4. **Certified copies of original transcripts of results**   ☐
   Please do not send originals. Copies must be stamped by conferring educational body

5. **One passport Photograph**   ☐

6. **Application fee** (€35 for EU applicants/€60 for non-EU applicants)   ☐

7. **Photocopy of Birth Certificate**   Please do not send originals   ☐

8. **Signed declaration**   ☐

Non-national English speaking countries (where applicable)

a) **Evidence of competency in the English language**   ☐

b) **Certified translation into English of results/qualifications**   ☐