

REGISTRY

APPLICATION FOR REGISTRATION ON PROFESSIONAL DEVELOPMENT MODULE

NS485 – CARE OF CHILDREN AND ADOLESCENTS WITH DIABETES

Name:

Contact address:

Name & Address of Work:

Next of Kin:
Name & Contact Number:

Professional Qualification/Role:

Professional Registration Number if relevant:

Telephone numbers (Mobile or Work):

Email address:

Date of birth:

Period of registration at DCU:

2017-2018

Module for which you wish to register:

NS485: Care of Children & Adolescents with Diabetes

If a current or past student of DCU, please supply your student ID Number and the degree for which you are/were registered:

SIGNED: (APPLICANT)

PLEASE RETURN THIS FORM ALONG WITH A CURRICULUM VITAE AND **ONE** PASSPORT PHOTOGRAPH TO THE ADDRESS BELOW.