

REGISTRY

APPLICATION FOR REGISTRATION ON PROFESSIONAL DEVELOPMENT MODULE

NS466 – PERSON CENTRED DEMENTIA CARE (LEVEL 8 – 10 CREDIT MODULE

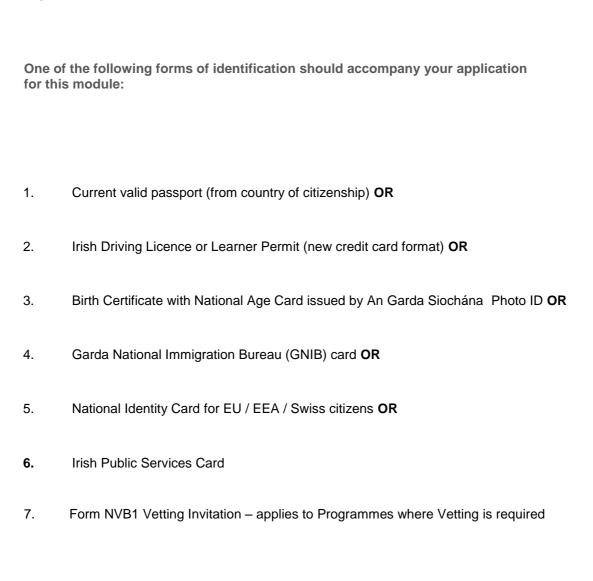
| STATE PREFERRED CENTRE: | | |
|---|-------------------------------------|-----|
| Name: | | |
| Contact address: | | |
| Next of Kin: Name & Contact Number: | | |
| State place of work & Role : | | |
| Highest Academic Qualification & Professional Qualification: | | |
| Professional Registration Number if relevant: | | |
| Are you working in contact with people with dementia at least once a week (tick Y/N): | Yes: | No: |
| Do you have IT skills: Word/ email, Social media, power point | Yes: | No: |
| Telephone numbers (Mobile or Work): | | |
| Email address: | | |
| Date of birth: | | |
| Period of registration at DCU: | 2019-2020 | |
| Module for which you wish to register: | NS466: Person-Centred Dementia Care | |
| If a current or past student of DCU, please supply your student ID Number and the degree for which you are/were registered: | | |
| Approval/Funding from Employer (Yes/No): | | |
| | | |

Please return this form along with your curriculum vitae, letter(s) showing leave and funding approval, **one** passport photograph, **one** form of identification (see overleaf) and if you are a nurse, proof of nursing registration to the following address: **Faculty of Science & Health, HG04, Nursing Building, DCU, Dublin 9.**

Information on this application will only be shared with the co-ordinator of this module for the purpose of this course only.

For details of the University's data privacy policy, visit; www.dcu.ie/sites/default/files/policy/25_data_privacy_policy_v3.pdf

SIGNED:(APPLICANT)



Page 3 of 4

| Please complete the following information and <u>return with a</u> Organisation: | pplication form for NS466: | | |
|--|----------------------------|--|--|
| Nursing home | | | |
| Hospital general | | | |
| Hospital psychiatric | | | |
| Community care services | | | |
| Day service / day care | | | |
| Health centre / Primary care | | | |
| Other | | | |
| If other please specify: | | | |
| Address of organization: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Setting within the organisation | | | |
| Care of elderly ward | | | |
| Acute care | | | |
| Residential care of elderly | | | |
| Day care | | | |
| Community care | | | |
| Dementia specific unit | | | |
| Mental Health | | | |
| Psychiatry of later life | | | |
| Other | | | |
| If other please specify: | | | |

Information on this application will only be shared with the co-ordinator of this module for the purpose of this course only.

For details of the University's data privacy policy, visit; www.dcu.ie/sites/default/files/policy/25_data_privacy_policy_v3.pdf

Page 4 of 4 Sector Public..... Private..... Voluntary..... Role ADON..... RGN..... CNM..... PHN..... CNS..... HCA..... OT..... RNID Social worker..... Mental health nurse..... Service manager..... Dementia care coordinator..... Other..... If other please specify: Level of education Certificate (level 5)..... Ordinary degree (level 7 Diploma (level 7)..... Honours degree (level 8)..... Higher diploma (level 8) Masters (level 9)..... Postgrad diploma (level 9).....

Information on this application will only be shared with the co-ordinator of this module for the purpose of this course only.

For details of the University's data privacy policy, visit; www.dcu.ie/sites/default/files/policy/25_data_privacy_policy_v3.pdf