



REGISTRY

APPLICATION FOR REGISTRATION ON PROFESSIONAL DEVELOPMENT MODULE

NS568 – PERSONAL- CENTRED APPROACHES TO DEMENTIA CARE 1 (LEVEL 9 – 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:	NS568: Personal-Centered Approaches to Dementia Care 1
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):	

SIGNED: (APPLICANT)

Please return this form along with your curriculum vitae, letter(s) showing leave and funding approval, **one** passport photograph, **one** form of identification (see below) 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

One of the following forms of identification should accompany your application for this module:

1. Current valid passport (from country of citizenship) **OR**
2. Irish Driving Licence or Learner Permit (new credit card format) **OR**
3. Birth Certificate with National Age Card issued by An Garda Síochána Photo ID **OR**
4. Garda National Immigration Bureau (GNIB) card **OR**
5. National Identity Card for EU / EEA / Swiss citizens **OR**
6. Irish Public Services Card
7. Form NVB1 Vetting Invitation – applies to programmes where Vetting is required

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Please complete the following information and **return with application form for NS568:**

Organisation:

- 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:

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.....
.....
.....

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:

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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

- Honours degree (level 8).....
- Higher diploma (level 8)
- Masters (level 9).....
- Postgrad diploma (level 9).....

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