



REGISTRY

APPLICATION FOR REGISTRATION ON PROFESSIONAL DEVELOPMENT MODULE

NS443 – CARE OF CHILDREN WITH RENAL DISEASE

Name:	
Contact address:	
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:	2018-2019
Module for which you wish to register:	NS443: Care of Children with Renal Disease
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:

Faculty of Science & Health, HG04, Nursing Building, Dublin City University, Dublin 9
T +353 1 7008975 | E science@dcu.ie

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

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