



REGISTRY

APPLICATION FOR REGISTRATION ON PROFESSIONAL DEVELOPMENT MODULE

NS4543 – TEACHING AND ASSESSING IN HEALTHCARE PRACTICE

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:	2019-2020
Module for which you wish to register:	NS4543: Teaching & Assessing in Healthcare Practice
If you are 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 WITH A CURRICULUM VITAE, **ONE** PASSPORT PHOTOGRAPH AND ONE FORM OF IDENTIFICATION (SEE OVERLEAF) 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 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 - only applies to programmes where Vetting is a requirement.

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