MSc in Specialist Nursing

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| **To be Completed by Applicant** | | |
| **Name** | |  |
| **NMBI Registration Number** | |  |
| **Specialist Pathway** | | Please identify the specialist pathway you are hoping to take in this Masters programme in the box provided above.   |  |  | | --- | --- | | Women’s Health |  | | Chronic Disease Management |  | | Population Health Practice |  | |
| Please complete a personal statement (approx. 400 - 500 words) in the box below indicating why you want to take this programme of study and how it will benefit you. This will be used as part of the selection process to determine candidate suitability. | | |
|  | | |
| Date |  | |
| Name (print) |  | |
| Signature |  | |

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| **To be Completed by Employer / Line Manager** | | |
| **Name** | |  |
| **Department** | |  |
| **Address** | |  |
| Has this applicant attained a minimum of twelve months’ post-registration experience?  Is this applicant currently employed in the specialist area / setting?   |  |  | | --- | --- | | Women’s Health |  | | Chronic Disease Management |  | | Population Health Practice |  |   Is this applicant employed for a minimum of 19.5 hours per week or 0.5 FTE?  Confirm that this applicant will be supported in completing the minimum required hours of practice, and will have a preceptor to support them in the clinical practicum. | | |
| Date |  | |
| Name (print) |  | |
| Signature |  | |