

**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 and 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 (Yes/No):	Yes    No
How would you rate your level of IT skills? (Basic / Intermediate / Advanced?)	
Telephone numbers (Mobile or Work):	
Email address:	
Date of birth:	
Period of registration at DCU:	2021-2022
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):	Yes    No

SIGNED: (APPLICANT)

Please email this form along with your CV, a letter(s) showing leave and funding approval, **one** passport photograph (JPG/PNG format), **one** form of identification (see overleaf) and if you are a nurse, proof of nursing registration to the following email address: [science@dcu.ie](mailto: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](http://www.dcu.ie/sites/default/files/policy/25_data_privacy_policy_v3.pdf)**

**A scanned copy of one of the following forms of identification should accompany your application for this module (please DO NOT send original documentation):**

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 your application form for NS466:**

**Type of Organisation** (please tick):

Nursing Home

Hospital General

Hospital Psychiatric

Community Care Services

Day Service/Day Care

Health Centre / Primary Care

Other (please specify)

If other, please specify

**State name and address of organisation:**

**Setting within the organization (Please tick):**

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:

**Sector (please tick):**

Public

Private

Voluntary

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**Role (Please tick):**

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 (Please tick):**

Certificate (level 5)

Ordinary degree (level 7)

Diploma (level 7)

Honours Degree (level 8)

Higher Diploma (level 8)

Postgrad Diploma (level 9)

Masters (level 9)