



REGISTRY

APPLICATION FOR REGISTRATION ON PROFESSIONAL DEVELOPMENT MODULE

NS5104 - POST-COVID SYNDROME REHABILITATION (LEVEL 9)

| | |
|---|--|
| 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: | 2021-2022 |
| Module for which you wish to register: | NS5104: Post-Covid Syndrome Rehabilitation |
| 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 BY EMAIL ALONG WITH A CV, A SIGNED LETTER OF SUPPORT FROM YOUR SUPERVISOR OR MANAGER AND A PASSPORT-STYLE PHOTOGRAPH (JPG/PNG FORMAT) TO THE FACULTY OF SCIENCE AND HEALTH AT 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 (A copy will suffice, 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 - only applies to programmes where Vetting is a requirement.

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