

DCU REGISTRY APPLICATION FOR REGISTRATION ON PROFESSIONAL DEVELOPMENT MODULE

NS568: PERSON-CENTRED APPROACHES TO DEMENTIA CARE 1 (NFQ LEVEL 9, 10 CREDIT MODULE)

Academic Year: 2024-2025

Question	Applicant Response
Name:	
Address:	
Name and contact number of next of kin:	
Place of work and role:	
Highest academic and professional qualification:	
Professional registration number, if relevant:	
Are you working in contact with people with dementia at least once a week, state yes or no:	
Outline your IT skills e.g. Word/email, social media, Powerpoint, Google Suite:	
Contact telephone number:	

Question	Applicant Response
Email address:	
Date of birth:	
Module for which you wish to register:	NS568: Person Centred Approaches to Dementia Care 1
If previously a student of DCU please provide student id number and title of course you attended:	
Is your employer funding this module, please state yes or no:	

Please submit this form, together with the documents outlined below, to the following email address: science@dcu.ie

- A copy of your CV,
- A letter of support showing leave and/or funding approval,
- a passport photograph in JPEG/PNG format,
- one form of identification (see details below) and if you are a nurse, proof of nursing registration

A scanned copy of <u>one</u> of the following forms of identification should accompany your application for this module:

- Current valid passport (from country of citizenship)
- Irish Driving Licence or Learner Permit
- Birth Certificate with National Age Card issued by An Garda Siochána
- Garda National Immigration Bureau (GNIB) card
- National Identity Card for EU / EEA / Swiss citizens
- Irish Public Services Card
- Form NVB1 Vetting Invitation, applies to programmes where Garda vetting is required

The University does not refund application or registration fees for professional development modules, however, students can defer their registration to the next available sitting.

Click on this link to view the University's data privacy policy

Please complete the following information and $\underline{\text{return with application}}$ $\underline{\text{form for NS568:}}$

Organisation (tick box):
Nursing home
Hospital general
Hospital psychiatric
Community care services
Day service / day care
Health centre / Primary care
Other
If other please specify:
Address of organisation:
Setting within the organisation (tick box):
Setting within the organisation (tick box): Care of elderly ward
Care of elderly ward
Care of elderly ward Acute care
Care of elderly ward Acute care Residential care of elderly
Care of elderly ward Acute care Residential care of elderly Day care
Care of elderly ward Acute care Residential care of elderly Day care Community care
Care of elderly ward Acute care Residential care of elderly Day care Community care Dementia specific unit
Care of elderly ward Acute care Residential care of elderly Day care Community care Dementia specific unit Mental Health
Care of elderly ward Acute care Residential care of elderly Day care Community care Dementia specific unit Mental Health Psychiatry of later life

Sector (tick box):	Public	Private	Voluntary
Role (tick box):			
ADON			
RGN			
CNM			
PHN			
CNS			
HCA			
ОТ			
RNID			
Social worker			
Mental health nurse			
Service manager			
Dementia care coordinator			
Other			
If other please specify:			
Level of education (tick box):			
Honours degree (level 8)			
Higher diploma (level 8)			
Masters (level 9)			

Postgrad diploma (level 9)