

REGISTRY

APPLICATION FOR REGISTRATION ON PROFESSIONAL DEVELOPMENT MODULE

NS 5058 – INFORMATICS IN EHEALTH

Name:

Contact address:

Next of Kin:
Name & Contact Number:

Professional Qualification/Role:

State reason for applying/completing module:

Professional Registration Number if relevant:

Telephone numbers (Mobile or Work):

Email address:

Date of birth:

Period of registration at DCU:

Module for which you wish to register:

If a current or past student of DCU, please
supply your student ID Number and the degree
for which you are/were registered:

2018-2019
NS5058: Informatics in EHealth

SIGNED: (APPLICANT)
PLEASE RETURN THIS FORM ALONG WITH A CURRICULUM VITAE AND **ONE** PASSPORT PHOTOGRAPH TO
THE ADDRESS BELOW.