Ollscoil Chathair Bhaile Átha Cliath
Dublin City University

DCU

REGISTRY

APPLICATION FOR REGISTRATION ON PROFESSIONAL DEVELOPMENT MODULE

NS466 – PERSON CENTRED DEMENTIA CARE (LEVEL 8 – 10 CREDIT MODULE)

Name:	
Contact address:	
Next of Kin: Name & Contact Number:	
State place of work & 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 (tick Y/N):	Yes: No:
Do you have IT skills: Word/ email, Social media, power point	Yes: No:
Telephone numbers (Mobile or Work):	
Email address:	
Date of birth:	
Period of registration at DCU:	2018-2019
Module for which you wish to register:	NS466: Person-Centered 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:	
State if HSE employee (Yes/No):	
Approval/Funding from Employer (Yes/No):	

SIGNED: ………………………………………………………………………(APPLICANT)

Please return this form along with a curriculum vitae, letter(s) showing leave and funding approval, **one** passport photograph and if you are a nurse, proof of nursing registration to the address below.

Faculty of Science & Health, HG04, Nursing Building, Dublin City University, Dublin 9.
T: +353 1 7008975 E: science@dcu.ie

Please complete the following information and **return with application form for NS466**

Organisation:

Nursing home ……………………………………………… ☐

Hospital general………………………………………………… ☐

Hospital psychiatric………………………………………… ☐

Community care services………………………………… ☐

Day service / day care…………………………………….. ☐

Health centre / Primary care…………………………… ☐

Other …………………………………………………………… ☐

If other please specify: …………………………………………………………

Address of organization:

……………………………………………………………………………………………………

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Setting within the organisation

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

Public……………………………………………… ☐

Private…………………………………………...... ☐

Voluntary……………………………………… ☐

Role

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

Certificate (level 5)…………………………………………….… ☐

Ordinary degree (level 7.…………………………………………..... ☐

Diploma (level 7)…………………….…………………………… ☐

Honours degree (level 8)………………………………..………… ☐

Higher diploma (level 8) ……………….……………….………… ☐

Masters (level 9)………………….…………………………….…… ☐

Postgrad diploma (level 9)……………………………………… ☐