

**Department of Nursing, Health Sciences and Disability Studies**  
**PG Dip in Health Sciences (Nursing/Professional Studies)**  
**First Stand Alone Module**

PLEASE COMPLETE USING BLACK INK AND BLOCK CAPITALS. PLEASE ALSO NOTE THAT YOU MUST INCLUDE AN APPLICATION PROCESSING FEE OF €20 WITH YOUR APPLICATION FORM.

**AFFIX RECENT  
PASSPORT  
PHOTO HERE**

Surname ..... Forenames .....

Maiden Name ..... Nationality .....

Country of Birth ..... Date of Birth .....

County Of Birth ..... Male/Female .....

PPS Number ..... Mobile Number .....

Main Telephone No: ..... Work Number: .....

Email: .....

Correspondence Address .....

Module Title: .....

St Angela's College makes every effort to facilitate students with disabilities or special needs (physical/sensory/learning or mental health). You may choose to indicate any disability, health condition or specific learning difficulty in this part of the application form. This information is requested in order to ensure that any support needs are identified. The information does not form part of the selection process.

Current Student: Yes / No - if yes state student number: .....

Previous student of St. Angela's College: Yes / No - if yes state student number: .....

**Registration with An Bord Altranais**

An Bord Altranais PIN: (current registration required): .....

Original Date of Registration: .....

Please tick whether you are:

RGN ☐ RPN ☐ RMHN ☐ RM ☐ RPHN ☐ RIDN ☐ Other ☐ please specify

**For office use only**Definite ☐Conditional ☐Reserve ☐Refusal ☐

Transcript / results verified by .....

Terms .....

Ranking .....

Comments .....

**Professional Courses**

<b>Course Title</b>		<b>Institution</b>	
<b>Dates</b>		<b>Awarding Body</b>	
<b>Result</b>		<b>Qualification</b>	
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<b>Dates</b>		<b>Awarding Body</b>	
<b>Result</b>		<b>Qualification</b>	

Accreditation for prior learning may be considered. I am interested in applying for accreditation YES ☐ NO ☐**Third Level Education**

1. Primary Degree/Title/Award .....

College Attended ..... Dates .....

Awarding Body .....

Award Level (state overall honours or grade levels) .....

**Final Year Results Summary**

Subject, Course or Module	Grade or Mark	Subject, Course or Module	Grade or Mark
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1. 4.

2. 5.

3. 6.

Are results pending? YES/NO (no decision can be finalised until the degree result is completed)

2. Postgraduate Qualification .....

Title .....

Year ..... Awarded by .....

3. Other Higher Education Awards (Diploma, etc.) if any

Title .....

Year ..... Awarded by .....

(continue on a separate sheet if necessary)

## Employment Record

Please list appointments held in chronological order, briefly describing the nature of the work undertaken, if relevant to your application. Continue on a separate sheet if necessary.

Dates From	To	Employer	Job Title

## Present Work Location

Employer	
Address in full	
Telephone No.	
Job Title	
Hours worked per month	
Outline duties	

## Funding

Please tick as applicable:

☐ I am applying for sponsorship.

☐ I have received sponsorship.

☐ I am funding myself.

Address to which invoice should be mailed to:

.....  
.....

All students should apply for funding from the Centre of Nursing and Midwifery Education of their local Health Service Executive area.

## Relevant Experience

Please provide details of any experience (work, research, projects, etc.) that you have gained which you think is particularly relevant for the specific programme for which you are applying. **Important:** Any additional information will assist in evaluating your application.

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## Supplementary Information

Outline your understanding of the demands that this course will make on you, and what steps you intend to take to overcome.

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### How did you learn about these courses?

Local News Paper (state which) ..... Local Radio .....

Information Session (state which) ..... From a friend or colleague .....

Mail Shot at work (please give details) ..... Website (please specify) .....

I acknowledge that the particulars given in relation to this application are in all respects true.

SIGNATURE ..... DATE .....

### Checklist

Before submitting this application, please ensure that you have satisfied the requirements listed below. Incomplete entries or those not fulfilling these requirements will not be considered.

1. Fully completed application form
2. Passport photograph (print name on back)
3. Application Fee €20 (non-refundable) (Cheque/postal order/bank draft – STRICTLY NO CASH – payable to St Angela's College )
4. \*Certified copy of examination transcripts (actual results and award level). Please note these will not be returned.
5. \*Certified copy birth and marriage certificate (non-returnable)
6. IELTS or TOEFL certificate for applicants whose first language is not English
7. Copy of your current An Bord Altranais registration

\* Certified copy is a photocopy endorsed and stamped by a member of the Garda Síochána or a Commissioner for Oaths. In the case of examination transcripts, these must be stamped by awarding college.

Application forms should be returned to: M Hession, Nursing Post Graduate Office, Department of Nursing, Health Sciences and Disability Studies, St Angela's College, Lough Gill, Sligo.