

St. Angela's College
Department of Nursing, Health Sciences and Disability Studies
Stand Alone Application Form for 2nd and Subsequent Applications

PLEASE COMPLETE USING BLACK INK AND BLOCK CAPITALS. PLEASE ALSO NOTE THAT YOU MUST INCLUDE AN APPLICATION PROCESSING FEE OF €20 WITH THIS APPLICATION FORM. MAILING ADDRESS ON SECOND PAGE.

Applications can also be emailed to mhession@stangelas.nuigalway.ie

Module Title:

Section A: Personal Details

Surname Forenames

Student ID No. Date of Birth

Correspondence address (please ensure you are contactable here)

.....

Telephone No. Mobile

Email

Home address (if different)

.....

An Bord Altranais PIN
or other Professional Body Original date of registration

Section B: Stand-Alone Modules Completed

Module	Commencement Date	Completion Date

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 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.

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. Application Fee (non-refundable) (Cheque/Postal Order/Bank Draft – STRICTLY NO CASH - payable to St Angela's College) – €20 per module.
3. Copy of your current An Bord Altranais registration

Note: Application forms should be returned on or before 5th June 2015 at 5.00 p.m. (late applications will be accepted).
M Hession, Nursing Postgraduate Office, Department of Nursing and Health Sciences and Disability Studies, St Angela's College, Lough Gill, Sligo