**Supplementary Questions**

# CKU04

**Postgraduate Certificate in**

**Gerontological Nursing**

Note: Questions marked with a \* are mandatory. 1\*

PLEASE INSERT YOUR NMBI PIN NUMBER

2\*

PLEASE SUBMIT AN UP TO DATE NMBI REGISTRATION CERTIFICATE

PLEASE CHECK THIS BOX TO CONFIRM THAT YOU WILL UPLOAD THIS DOCUMENT WITHIN 7 DAYS OF SUBMITTING YOUR ONLINE APPLICATION

3\*

PLEASE COMPLETE AND RETURN THE FOLLOWING INFORMATION IN CHRONOLOGICAL ORDER.

PLEASE GIVE DETAILS REGARDING YOUR NURSING OR MIDWIFERY EXPERIENCE SINCE REGISTRATION (STARTING WITH THE MOST RECENT EXPERIENCE)

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| **DATE FROM-TO PLEASE GIVE MONTH AND YEAR** | **THE NAME OF THE EMPLOYING AUTHORITY AND ADDRESS OF WORKPLACE** | **TITLE OF POSITION HELD (STATE PART TIME OR FULL TIME) AND TYPE OF SPECIALITY E.G. SURGICAL / MEDICAL / ONCOLOGY** | **NATURE OF DUTIES IN THE SPECIALITY** |
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4\*

WITHIN THIS SECTION YOU ARE REQUIRED TO IDENTIFY:

1. PROFESSIONAL EDUCATION (COURSES / PROGRAMMES) AND
2. CONTINUING PROFESSIONAL DEVELOPMENT (STUDY DAYS, IN-HOUSE TRAINING / EDUCATION, CONFERENCES ATTENDED) WITHIN THE PAST 5 YEARS.

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| START AND FINISH DATES | TITLE OF PROGRAMME | AWARDING INSTITUTION | **MODES OF ASSESSMENT EXAM / COURSEWORK** |
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5\*

HAVING PROVIDED EVIDENCE OF CONTINUING PROFESSIONAL DEVELOPMENT (CPD) IN THE PAST FIVE YEARS IN SECTION 3, PLEASE DESCRIBE (200 WORDS MAX):

1. **HOW YOU HAVE APPLIED THE LEARNING AND PROFESSIONAL DEVELOPMENT ACHIEVED TO YOUR CURRENT AREA OF NURSING PRACTICE AND**
2. **HOW THIS HAS INFLUENCED YOUR DECISION TO APPLY FOR THIS POSTGRADUATE CERTIFICATE IN NURSING PROGRAMME?**

\*You can enter a maximum of 200 words.

6\*

ALL APPLICANTS MUST HAVE SUFFICIENT CLINICAL PRACTICE EXPERIENCE (AND SUPPORT STRUCTURES, IF APPLICABLE) TO BE CONSIDERED FOR THE PROGRAMME. FOR THE GERONTOLOGY NURSING PATHWAY, APPLICANTS MUST HAVE:

* **A MINIMUM OF SIX MONTHS OF POST-REGISTRATION EXPERIENCE (EXCLUDING COURSES) AND**
* **A MINIMUM OF THREE MONTHS EXPERIENCE IN GERONTOLOGICAL NURSING.**

PLEASE CHECK THE BOX TO CONFIRM THAT YOU HAVE THE RELEVANT EXPERIENCE AS DETAILED ABOVE

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ALL APPLICANTS MUST SUBMIT A SIGNED DECLARATION FORM COMPLETED BY THE DIRECTOR OF NURSING/MIDWIFERY OR EQUIVALENT AUTHORISED MANAGER FOR ENTRY TO THE PROGRAMME. PLEASE DOWNLOAD THE REQUIRED FORM [H ERE](https://www.ucc.ie/en/media/studyatucc/postgraduate-gsomedialibrary/4supplementaryquestions/DeclarationFormPGCertGerontologicalNursing.pdf) AND UPLOAD THE COMPLETED FORM TO YOUR APPLICATION

PLEASE CHECK THIS BOX TO CONFIRM THAT YOU WILL UPLOAD YOUR COMPLETED DECLARATION FORM TO PAC WITHIN 7 DAYS OF SUBMITTING YOUR ONLINE APPLICATION.