

Supplementary Questions

CKW15

PG Diploma/MSc in Medical Surgical Nursing

Note: Questions marked with a * are mandatory.

1*

PLEASE CONFIRM YOUR PIN NUMBER FOR YOUR NMBI REGISTRATION

2*

PLEASE SUBMIT AN UP TO DATE NMBI REGISTRATION CERTIFICATE FOR THE CURRENT YEAR

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

3*

PLEASE PROVIDE A NAME AND ADDRESS OF A NURSE MANAGER (WITH WHOM YOU PRESENTLY WORK) FOR A PROFESSIONAL REFERENCE (THIS MAY BE SOUGHT IF YOU ARE SHORT-LISTED FOR THE COURSE)

4*

PLEASE COMPLETE THE FOLLOWING INFORMATION IN CHRONOLOGICAL ORDER

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

| NAME AND ADDRESS OF HOSPITAL OR EMPLOYING AUTHORITY | POSITION HELD (STATE PART-TIME OR FULL-TIME) | TYPE OF EXPERIENCE, E.G. ACUTE, MEDICAL, ELDERLY, PAEDIATRICS, MIDWIFERY, PUBLIC HEALTH, ETC. | DATE FROM-TO (GIVE MONTH AND YEAR) | Number of Months/Years |
|---|--|---|------------------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5*

DO YOU CURRENTLY WORK IN A MEDICAL OR SURGICAL NURSING ENVIRONMENT?

Select an option... ▼

6

WHAT SPECIALITY (IF ANY) APPLIES TO YOUR CURRENT AREA OF WORK?

7*

Please complete and return the following information in chronological order

Studies (General or professional) undertaken within the last five years

| Title of course | Awarding Institution | Start and Finish Dates | Mode of Assessment Exam/Coursework |
|-----------------|----------------------|------------------------|------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8*

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

- A MINIMUM OF SIX MONTHS OF POST-REGISTRATION EXPERIENCE (EXCLUDING COURSES)
- A MINIMUM OF SIX MONTHS EXPERIENCE IN MEDICAL SURGICAL NURSING.
- PLEASE CHECK THE BOX TO CONFIRM THAT YOU HAVE THE RELEVANT EXPERIENCE AS DETAILED ABOVE

9*

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 [HERE](#) 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