

# PRACTICE AGREEMENT FORM

## UNIVERSITY COLLEGE CORK POSTGRADUATE DIPLOMA IN NEONATOLOGY NURSING CKW09

NAME OF APPLICANT: \_\_\_\_\_

PAC APPLICATION NUMBER: \_\_\_\_\_

UCC STUDENT NUMBER: \_\_\_\_\_  
(If available)

I WISH TO CONFIRM THAT THE ABOVE APPLICANT WILL:

- WILL BE SCHEDULED FOR EMPLOYMENT IN A SPECIAL CARE/NEONATAL UNIT FOR THE DURATION OF THE PROGRAMME.
- BE RELEASED FROM PRACTICE TO ATTEND THE PROGRAMME REQUIREMENTS OF THE POSTGRADUATE DIPLOMA IN NEONATAL NURSING

TO ENSURE THAT THE APPLICANT CAN MEET THE COMPETENCY REQUIREMENTS FOR A SPECIALIST QUALIFICATION IN NEONATAL NURSING, ADDITIONAL PRACTICE HOURS WILL BE FACILITATED IN THE NEONATAL SERVICES OF CORK UNIVERSTIY MATERNITY HOSPITAL WHICH WILL CONSIST OF A NUMBER OF SCHEDULED FULL STUDY DAYS.

NAME \_\_\_\_\_  
(BLOCK CAPITALS)

SIGNATURE \_\_\_\_\_

POSITION HELD \_\_\_\_\_

CONTACT DETAILS \_\_\_\_\_

DATE \_\_\_\_\_

**PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT THIS FORM IS COMPLETED AND EITHER UPLOADED TO YOUR ONLINE APPLICATION OR POSTED TO THE POSTGRADUATE APPLICATION CENTRE, 1 COURTHOUSE SQUARE, GALWAY WITHIN 10 DAYS.**

**PLEASE NOTE YOUR APPLICATION CANNOT BE CONSIDERED UNTIL THIS FORM HAS BEEN UPLOADED TO YOUR PAC APPLICATION.**

If further information is required please contact Dr Rhona O'Connell School of Nursing and Midwifery, UCC [r.oconnell@ucc.ie](mailto:r.oconnell@ucc.ie) or Ms Lucille Bradfield [Lucille.Bradfield@hse.ie](mailto:Lucille.Bradfield@hse.ie)