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| **NU6116 Supplementary Questions****Please see specific entry requirements on:** [**http://www.ucc.ie/en/nu6116**](http://www.ucc.ie/en/nu6116)**.****Complete the following and upload this with your application, together with the Site Declaration Form.** |
| **Please identify the clinical area in which you practice?** |
| **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)**.** |
| **Name of medical mentor and their contact details?** |
| **Name of advanced nurse practitioner and their contact details?** |
| **Are you being funded by an outside agency/employer?** |