



Ollscoil Chathair
Bhaile Átha Cliath
Dublin City University

DCU REGISTRY APPLICATION FOR REGISTRATION ON PROFESSIONAL DEVELOPMENT MODULE

NS466: PERSON-CENTRED DEMENTIA CHAMPIONS (NFQ LEVEL 8, 10 CREDIT MODULE)

Academic Year: 2024-2025

Question	Applicant Response
Name:	
Address:	
Name and contact number of next of kin:	
Place of work and role:	
Highest academic and professional qualification:	
Professional registration number, if relevant:	
Are you working in contact with people with dementia at least once a week, state yes or no:	
Outline your IT skills e.g. Word/email, social media, Powerpoint, Google Suite:	
Contact telephone number:	

Question	Applicant Response
Email address:	
Date of birth:	
Module for which you wish to register:	NS466: Person-Centred Dementia Champions
If previously a student of DCU please provide student id number and title of course you attended:	
Is your employer funding this module, please state yes or no:	

Please submit this form, together with the documents outlined below, to the following email address: science@dcu.ie

- A copy of your CV,
- A letter of support showing leave and/or funding approval,
- a passport photograph in JPEG/PNG format,
- one form of identification (see details below) and if you are a nurse, proof of nursing registration

A scanned copy of **one** of the following forms of identification should accompany your application for this module:

- Current valid passport (from country of citizenship)
- Irish Driving Licence or Learner Permit
- Birth Certificate with National Age Card issued by An Garda Síochána
- Garda National Immigration Bureau (GNIB) card
- National Identity Card for EU / EEA / Swiss citizens
- Irish Public Services Card
- Form NVB1 Vetting Invitation, applies to programmes where Garda vetting is required

The University does not refund application or registration fees for professional development modules, however, students can defer their registration to the next available sitting.

[Click on this link to view the University's data privacy policy](#)

Please complete the following information and return with application form ___
for NS466:

Organisation (tick box):

Nursing home

Hospital general

Hospital psychiatric

Community care services

Day service / day care

Health Centre / Primary care

Other

If other please specify:

Address of organisation:

Setting within the organisation (tick box):

Care of elderly ward

Acute care

Residential care of elderly

Day care

Community care

Dementia specific unit

Mental Health

Psychiatry of later life

Other

If other please specify:

Sector (tick box):

Public

Private

Voluntary

Role (tick box):

ADON

RGN

CNM

PHN

CNS

HCA

OT

RNID

Social worker

Mental health nurse

Service manager

Dementia care coordinator

Other

If other please specify:

Level of education (tick box):

Honours degree (level 8)

Higher diploma (level 8)

Masters (level 9)

Postgrad diploma (level 9)