**Continuing Professional Development Modules**

**Application Form 2019-20**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete all sections using BLOCK LETTERS or type.**

|  |  |  |
| --- | --- | --- |
| **Title:** (Ms., Mr., Mx., Dr., etc.) | **First Name:** | **Surname:** |
| You will be registered as per the name presented on your Birth Certificate.If you wish to be registered by another name, i.e. a married name you must also attach the relevant certificate. |
| **Date of Birth:** |
|  **Country of Birth:** | **Nationality:** |
| **Gender:**  (Either Female/Male. For statistical purposes only, ***NOT*** part of the selection process) |
| **PPS Number:** |
|  **Permanent Address:** | **Address for Correspondence** (If different)**:** |
| **Tel. No.:** |
| **Email: (Communication is primarily by email)** |
| **UCC Student Number:** (If previously registered or registered with Adult Continuing Education) |
|  |
| **Please enter the module(s) applied for:** |
| **Module Title** | **Module Code** |
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|  |
| **For Office Use:** |

**Please supply your membership number for the relevant professional body, if applicable:**

|  |  |
| --- | --- |
| Nursing & Midwifery Board of Ireland |  |
| Irish Medical Council |  |
| Chartered Society of Physiotherapy |  |
| Association of Occupational Therapists of Ireland |  |
| Pharmaceutical Society of Ireland |  |
| Health and Care Professional Council (UK) |  |
| Other: |  |

**Professional Qualifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Institution** | **From – To** | **Award & Date** |
|  |  |  |  |
|  |  |  |  |

**Professional Experience Since Registration** (Starting with current place of work, please continue on a separate sheet if necessary)**:**

|  |  |  |
| --- | --- | --- |
| **Name and Address of** **Current** **Employment** | **Position Title And** **Type of Experience** **(Acute, Long-term,** **Older Patients, etc.)** | **Dates: From –To****No. of Years In This Role** |
|  |  |  |
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# Are you being funded by an outside agency/employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# To be completed by applicants whose first language is not English:

# TOEFL Score: \_\_\_\_\_\_\_\_\_\_\_\_\_ IELTS Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last TOEL/IELTS Exam: \_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Important Information:**If you have previously registered in University College Cork:You must provide the following with this completed application form:* If you have changed your name since you previously registered and wish to update same, please submit a copy of your new certificate, i.e. a marriage certificate.
* If you require an updated photograph for your Student ID Card please supply same, signed on the reverse.
* Application Fee of €35.00, **Made Payable To UCC**. This fee is non-refundable and can be paid by Postal Order, Cheque or Bank Draft. Cash will ***not*** be accepted.
	+ If you have already registered for a CPD in the current academic year (2019-20) all of your supporting documentation, application fee and photograph will be on file – you do not need to resubmit these.
* If the entry requirements for the module specify supplementary questions please forward the completed supplementary questions along with this application.

If you have not previously registered in University College Cork:You must provide the following with this completed application form:* A Birth Certificate.
* If you wish to register in a name other than your birth name please submit a copy of your new certificate, i.e. a Marriage Certificate along with your Birth Certificate.
* Application Fee of €35.00, **Made Payable To UCC**. This fee is non-refundable and can be paid by Postal Order, Cheque or Bank Draft. Cash will ***not*** be accepted.
* A current passport photograph, signed on the reverse.
* If English is not your first language please also supply your English Language Exam Results.
* If the entry requirements for the module specify supplementary questions please forward the completed supplementary questions along with this application.

Incomplete application forms will not be sent to the School for consideration of an offer.Please note that correspondence will be by email.Students can take a maximum of 15 credits in any one year. |

# Declaration: I hereby declare that all information provided on this form is true and accurate.

# Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this completed form to the:**

CPD Co-Ordinator, Graduate Studies Office, West Wing, UCC, College Road, Cork.

Tel: +353 (0)21 4903224 (Mon-Fri 9.00-13.00)