UCD School of Nursing, Midwifery and Health Systems

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Scoil na hAltrachta, an Chnáimhseachais agus na gCóras Sláinte UCD

Ionad Eolaíocht Sláinte UCD
An Coláiste Ollscoile, Baile Átha Cliath,
Belfield, Baile Átha Cliath 4, Eire
 www.ucd.ie/nmhs
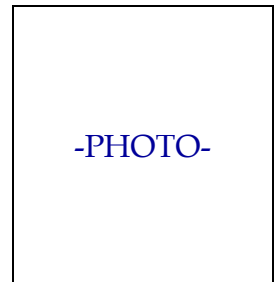
Degree of Doctor of Philosophy (PhD)

Research Masters Degree (MSc)

APPLICATION FORM

Please tick ['√'] which programme and which mode applied for

Degree	Mode of study			
Degree of Doctor of Philosophy (PhD)	Full-time	**[ ]**	Part-time	**[ ]**
Research Masters Degree (MSc)	Full-time	**[ ]**	Part-time	**[ ]**

Please insert/attach photo here ➜

-PHOTO-

PERSONAL DETAILS

Name (as per birth or marriage certificate)

Home address

Telephone number (home & mobile)

E-mail

GENDER

Please tick '√'

| Female | [ ] | Male | [ ] |

DATE OF BIRTH

____/ ____/ _____

NATIONALITY

Tick ONE box only

Irish	[ ]	
Other EU	[ ]	Please specify:
Non-EU	[ ]	Please specify:

REGISTRATION STATUS WITH AN BORD ALTRANAIS

Please tick '√'

Registered   [ ]   Not-registered   [ ] If 'Not registered', please explain in COVER LETTER

An Bord Altranais PIN number:

REGISTRATION(S) HELD

Tick '√' ALL that apply

General (RGN)	[ ]	Intellectual disability (RNID)	[ ]
Midwife (RM)	[ ]	Children's (RCN)	[ ]
Psychiatric (RPN)	[ ]	Public health nurse (RPHN)	[ ]
Tutor (RNT)	[ ]	Registered nurse prescriber (RNP)	[ ]

DIVISION OF THE REGISTER IN WHICH *CURRENTLY* EMPLOYED

Tick '√' ONE box only

General nursing	[ ]	Intellectual disability nursing	[ ]
Midwifery	[ ]	Children's nursing	[ ]
Psychiatric nursing	[ ]	Public health nursing	[ ]
Advanced nurse practitioner	[ ]	Advanced midwife practitioner	[ ]
Tutor (RNT) (Teaching)	[ ]		[ ]

SOURCE OF FUNDING TO UNDERTAKE DEGREE APPLIED FOR (FOR RESEARCH PURPOSES)

Please tick '√'

Self-funding   [ ]   Funded by employer   [ ]   Funded by scholarship   [ ]

CURRENT EMPLOYMENT

SECTOR IN WHICH EMPLOYED (FOR RESEARCH PURPOSES)

Please tick '√'

Public	[ ]	Private	[ ]

TYPE OF SETTING IN WHICH *CURRENTLY* EMPLOYED

Tick ONE box only

Public/voluntary hospital	[ ]	Public health/community	[ ]
Nursing home	[ ]	Private	[ ]
Higher education	[ ]	Nursing policy	[ ]
Other	[ ]	Please specify	

GRADE AT WHICH *CURRENTLY* EMPLOYED

Tick ONE box only

Staff nurse	[ ]	Staff midwife	[ ]
Clinical nurse manager	[ ]	Clinical midwife manager	[ ]
Clinical nurse specialist	[ ]	Clinical midwife specialist	[ ]
Advanced nurse practitioner	[ ]	Advanced midwife practitioner	[ ]
Assist. Director of Nursing	[ ]	Assist. Director of Midwifery	[ ]
Director of Nursing	[ ]	Director of Midwifery	[ ]
Lecturer	[ ]	Please specify grade _____	
Other	[ ]	Please specify _____	

EMPLOYMENT HISTORY (Begin list with the *most* recent. Write in shaded area)

Position (e.g. CNS)	Employer name (e.g. HSE)	Dates (e.g. Jan 09)	
		From	To

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EDUCATION AND SCHOLARSHIP

EDUCATIONAL LEVELS ATTAINED

Tick ALL that apply

Diploma	[ ]	Higher diploma	[ ]
Bachelors degree	[ ]	Graduate diploma	[ ]
Masters degree (taught)	[ ]	Masters degree (by research)	[ ]

HIGHER EDUCATION (Begin list with *most* recent. Write in shaded area)

Academic award attained	Awarding body or institution	Year awarded	Award class (e.g. pass, 2:1)	

ACADEMIC TRANSCRIPT

Please provide an academic transcript of bachelor's and master's degree(s), as appropriate.
Academic transcript(s) must indicate subjects taken and grade or mark attained.

Tick ALL that apply

Academic transcript is attached for …

Bachelor's degree	Yes [ ]	No [ ]
Master's degree	Yes [ ]	No [ ]

PUBLICATIONS

Please indicate if any publications

Tick ALL that apply

Papers published in …

Peer-reviewed journal(s)	Yes [ ]	No [ ]
Non-peer reviewed journal(s)	Yes [ ]	No [ ]

If 'YES' to either of the above, provide details (up to four) and attach copy of your most recent *published* article.

PERSONAL STATEMENT

Please provide a brief personal statement of not more than 150 words outlining your reasons for applying for the doctoral programme at UCD

REPORT

In a separate document, please provide a brief report of a contemporary issue in your field of practice. Your report should outline the background to the issue and highlight current published literature on the issue. The report may concern an issue of particular concern to you and may become the subject of your research thesis.

Report technical requirements	
Word count	3000 words
Font	Times New Roman, size 12
Line spacing	1.5
Referencing	Harvard (similar to *Journal of Clinical Nursing*) (min. 5 references
Text formatting	Align text to the left (default in MS Word) and do not justify text

REFEREES

Please provide the names and address of *two* referees. One must be your current employer and the other must be a person who can provide an academic reference

Employer reference

Name 1 (Current employer)

Address

Telephone number

E-mail

Academic reference

Name 2 (Academic referee)

Address

Telephone number

E-mail

NB The applicant must secure reference from the two referees in a sealed stamp-addressed envelope and submit the references with this form.

NOTES AND CHECKLIST

NOTES	
Note 1: Selection for this course is based on information supplied by the applicant on the application form. Please complete the application form in full, giving as much relevant information as possible, using extra sheets if necessary. **NOTE 2**: Where English is not the applicant's first language, the applicant *must* submit evidence of oral and written competency, with reference to UCD's language requirement for doctoral-level study. Further details at UCD Admissions Office, Tel +353 1 716 1608 http://www.ucd.ie/registry/admissions/ **NOTE 3**: Any questions regarding fees should be directed to the UCD Fees & Grants Office, Tierney Building, Belfield, Tel. +353 (0) 1 716 1555 http://www.ucd.ie/registry/adminservices/fees/index.html **Note 4**: A non-refundable administration fee of €25.00 (not cash) must accompany this application. Please make cheques/drafts payable to UCD School of Nursing, Midwifery and Health Systems.	

CHECKLIST

Please review all materials to be submitted

Submit your application only when you are ready to tick ALL 'yes' boxes to		
Completed application form	Yes [ ]	
Two references enclosed with application form	Yes [ ]	
Photograph attached	Yes [ ]	
3000-word report enclosed	Yes [ ]	
Remittance of €25.00 enclosed	Yes [ ]	

PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:	
Professor Abbey Hyde Research Degrees Coordinator UCD School of Nursing, Midwifery and Health Systems UCD Health Sciences Centre University College Dublin Belfield Dublin 4 Tel: 01 716 6415 abbey.hyde@ucd.ie	