



An Coláiste Ollscoile, Baile Átha Cliath
Ollscoil Domhanda na hÉireann

University College Dublin
Ireland's Global University

Scoil Na nAltrachta, an Chnáimhseachais
agus na gCóras Sláinte UCD

UCD School of Nursing, Midwifery
and Health Systems

Scoil an Leighis UCD

UCD School of Medicine

Ionad Eolaíochta Sláinte,
An Coláiste Ollscoile, Baille Átha Cliath,
Belfield, Baille Átha Cliath 4, Éire.

Health Science Building,
University College Dublin,
Belfield, Dublin 4, Ireland.

www.ucd.ie/nmhs | www.ucd.ie/medicine

T: +353 1 716 6488 / 6603

DECLARATION FORM

This form is completed by the student and signed by the Director of Public Health Nursing/General Practitioner to indicate support for a student on the Graduate Diploma Primary Care Nursing Practice

| | | |
|--|---|-------|
| Date | | |
| Programme Title | Graduate Diploma in Primary Care Nursing Practice | |
| Student Name (as on the Nursing and Midwifery Board of Ireland Register) | | |
| Student /Applicant Number | | |
| Student's / Applicant's Current Clinical Position / Role | | |
| Student's Workplace Address (Please include Network Area's) | | |
| Student's Telephone No. | Home: | Work: |
| Student's Email Address | | |
| In what capacity do you work | Job Share Part-time Full-time | |
| If Part-time/Job Sharing, how many hours per month do you work? | | |

Please note: Students must be engaged in relevant clinical practice for a minimum of 75 hours per month for the duration of the programme for which they have applied.



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I (Director of Public Health Nursing/General Practitioner) verify that the above named student is currently engaged in nursing/midwifery practice relevant to the programme and will be supported by the service area to receive the necessary clinical experience required to successfully complete the programme.

Director of Public Health Nursing / General Practitioner

(Print Name)

(Signature*)

**Electronic signature can be provided.*

| | |
|--|--|
| Director of Public Health Nursing/ General Practitioner Email Address | |
| Director of Public Health Nursing/ General Practitioner Contact No. | |
| Public Health Nursing/ General Practitioner Employment Address | |
| CHO Area / Network Area's | |
| Local Health Office Area (if applicable) | |
| GP Practice / DPHN Address | |