

An Coláiste Ollscoile, Baile Átha Cliath Ollscoil Domhanda na hÉireann

Scoil Na nAltrachta, an Chnáimhseachais agus na gCóras Sláinte UCD

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

www.ucd.ie/nmhs

University College Dublin Ireland's Global University

UCD School of Nursing, Midwifery and Health Systems

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

T: +353 1 716 6488

DECLARATION FORM

To be signed by the **Director of Nursing**

Date		
Programme Title		
Student Name (as on the Nursing and Midwifery Board of Ireland Register)		
Student Number		
Student's Address		
Telephone No.	Home:	Work
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?		
Are you engaged in day and/or night duty?	Day Night Both	

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.

Applicants are advised that further fees will be incurred for all repeat modules, units of study and programme deferrals and students may be liable to repay fees if they do not complete the programme.



An Coláiste Ollscoile, Baile Átha Cliath Ollscoil Domhanda na hÉireann

Scoil Na nAltrachta, an Chnáimhseachais agus na gCóras Sláinte UCD

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

www.ucd.ie/nmhs

University College Dublin Ireland's Global University

UCD School of Nursing, Midwifery and Health Systems

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

T: +353 1 716 6488

I (Director of Nursing/Midwifery) verify that the above named student is currently engaged in nursing/midwifery practice relevant to the programme and will be supported by the hospital to receive the necessary clinical experience required to successfully complete the programme.				
Director of Nursing/Midwifery Name: Signature:				
Director of Nursing/Midwifery Email Address				
Director of Nursing/Midwifery Contact No.				
Student's Employment Address				
Area of Clinical Practice				