



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](http://www.ucd.ie/nmhs) | [www.ucd.ie/medicine](http://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			
Applicants must be employed in primary care nursing (General Practice or Public Health Nursing Service) for the duration of the programme and work a minimum of 75 hours per month.			
Applicant signature agreeing to meet the above requirement.			
In what capacity do you work	Job Share	Part-time	Full-time



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If Part-time/Job Sharing, how many hours per month do you work?	
Do you hold a minimum of a BSc Degree or equivalent in Nursing (or hold a suitable NFQ level 8 qualification).	<b>Yes:</b>  <b>No: Complete an Approved Prior Experiential Learning form (download <a href="#">here</a>) and upload it with the application.</b>

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 (ADPHN signature not accepted) / 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.	
Director of Public Health Nursing / General Practitioner Employment Address	
CHO Area	