



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



St. Angela's College, Sligo
Coláiste San Aingeal, Sligeach



NUI Galway
OÉ Gaillimh

Application for Post Graduate Diploma in Nursing (Community Mental Health)

PLEASE COMPLETE USING BLACK INK AND BLOCK CAPITALS. ALSO NOTE THAT YOU MUST INCLUDE AN APPLICATION PROCESSING FEE OF €60 WITH YOUR APPLICATION FORM. COVID 19 – PLEASE SEE INSTRUCTIONS FOR SUBMISSION OF APPLICATION FORM AND FEE PAYMENT IN CHECKLIST

**AFFIX RECENT
PASSPORT PHOTO
HERE**

Surname Forenames

Maiden Name Nationality

Country of Birth: Date of Birth

County Of Birth Male/Female

PPS Number..... Mobile Number

Own Transport Yes / No.....

Correspondence Address (please ensure you are contactable here) PLEASE INCLUDE EIRCODE

Main Telephone No: Work Number:

Email:

Medical Condition/Disability:

Current Student: Yes / No- if yes student number:

Previous student of St. Angela's College: Yes / No – if yes student number:

Registration with An Bord Altranais

An Bord Altranais PIN (current registration required):

Original Date of Registration:

Please tick whether you are:

RGN		RPN		RMHN		RM	
RPHN		RIDN		OTHER			

Third Level Education

1. **Primary Degree/Title/Award**

College Attended Dates

Awarding Body

Award Level (state overall honours or grade levels)

Final Year Results Summary

Subject, Course or Module	Grade or Mark	Subject, Course or Module	Grade or Mark
1.		4.	
2.		5.	
3.		6.	

Are results pending? YES/NO (no decision can be finalised until the degree result is completed)

2. **Postgraduate Qualification**

Title

Year Awarded by

3. **Other Higher Education Awards (Diploma, etc.) if any**

Title

Year Awarded by

(continue on a separate sheet if necessary)

Employment Record

Please list appointments held in chronological order, briefly describing the nature of the work undertaken, if relevant to your application. **Continue on a separate sheet if necessary.**

Dates From	To	Employer	Job Title

Present Work Location

Employer	
Address in full	
Telephone No.	
Job Title	
Hours worked per month	
Outline duties	

Funding Please tick as applicable:

I am applying for funding.

I am funding myself.

All students should apply for funding from the Centre of Nursing and Midwifery Education of their local Health Service Executive area.

Relevant Experience

Please provide details of any experience (work, research, projects, etc.) that you have gained which you think is particularly relevant for the specific programme for which you are applying. **Important:** Any additional information will assist in evaluating your application.

Supplementary Information

Outline your understanding of the demands that this course will make on you, and what steps you intend to take to overcome.

How did you learn about this programme?

Social Media (state which) **From a friend or colleague**

At work (please give details) **Other (please specify)**

I acknowledge that the particulars given in relation to this application are in all respects true.

SIGNATURE DATE

Checklist

Before submitting this application, please ensure that you have satisfied the requirements listed below. Incomplete applications will not be considered.

1. Fully completed application form.
2. Passport photograph (print name on back)
3. PPS Number
4. Date of Birth.
5. Past Graduate number or Past Post Graduate Number.
6. *Certified copy of undergraduate examination transcripts.
7. Application Fee €60 (non-refundable) (via bank transfer – see bank details overleaf)
8. IELTS or TOEFL certificate for applicants whose first language is not English
9. Copy of your current Nursing and Midwifery Board of Ireland (NMBI) registration

* Certified copy is a photocopy endorsed and stamped by a member of the Garda Síochána or a Commissioner for Oaths. In the case of examination transcripts, these must be stamped by awarding college.

IMPORTANT – COVID 19

Due to Covid-19 Application forms and relevant accompanying documents should be emailed to:

Kelly Baker kbaker@stangelas.nuigalway.ie

In light of the current situation with COVID-19, the applicant is requested to lodge the €60.00 administration fee as follows:

Bank Name	AIB
Bank Address	Stephen Street, Sligo
Account Name	No. 1 Account Bank
Account Number	21442-035
Sort Code for Bank	93-72-58
IBAN	IE36 AIBK 9372 5821 4420 35
BIC	AIBKIE2D

PLEASE ENSURE YOUR NAME AND MODULE APPEARS WITH ANY LODGEMENT SO THAT IT CAN BE TRACED IT TO YOU