**Programme Application Form**

(Complete in full)

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| **Programme Title:**  | **Certificate in Neonatal High Dependency & Special Care (PG 25806)** |
| **Full Name:**  | Click or tap here to enter text. |
| **Email Address:**  | Click or tap here to enter text. |
| **Mobile Number:** | Click or tap here to enter text. |
| **Professional Qualifications:** | Click or tap here to enter text. |
| **NMBI Registration Number (Pin):** | Click or tap here to enter text. |
| **Current Area of Practice & Work Address:**  | Click or tap here to enter text. |
| **Position:**  | Click or tap here to enter text. |
| **Preferred Centre for Programme Attendance:**  | [ ]  **Centre for Midwifery Education, Coombe Hospital****Or**[ ]  **Centre of Midwifery Education, Cork University Maternity Hospital** |
| **Declaration:** | I confirm that I have included a completed Clinical Site Declaration Form [ ]  |
| **Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text. |
| Closing date for receipt of fully completed **Application Form** and **Clinical Site Declaration Form** for the Programme is **12:00 noon** **Friday 3rd October 2025.** Please return completed application and clinical site declaration form to your Preferred Centre/Programme Co-ordinator:* **Centre for Midwifery Education, Coombe Hospital**: via email to **kmulligan@coombe.ie**or by post to Kevin Mulligan, Neonatal Specialist Coordinator, Coombe Hospital, Cork Street, Dublin 8, D0B XW7X

**OR*** **Centre of Midwifery Education, Cork University Maternity Hospital:** via email to **elaine.whelan@hse.ie** or by post to Elaine Whelan, Neonatal Specialist Coordinator, Room 16 5 South, Cork University Maternity Hospital, Wilton Road, Cork, Ireland, T12 YE02
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