Programme Application Form

(Complete in full)

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| **Programme Title:** | **Certificate in Diabetes Self-Management (Adults) PG25749** |
| **Full Name:**(Please print clearly) | Click or tap here to enter text. |
| **Email Address:** | Click or tap here to enter text. |
| **Mobile Telephone 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. |
| **Position:** | Click or tap here to enter text. |
| **Current Area of Practice &** **Work Address:** | Click or tap here to enter text. |
| **Entry Requirements:** | I confirm that I have completed the following eLearning programmes on www.hseland.ie: * Making Every Contact Count (MECC) (8 x 30 minute eLearning modules); [ ]
* Diabetic Foot Screening [ ] *.*
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| **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 for the programme is **12:00 noon, Friday, 29thAugust 2025****Please return completed application via email to:** **veena.lasrado@hse.ie** **or by post to** **Veena Janith Lasrado** **Nurse Tutor, Regional Centre of Nursing & Midwifery Education, Midland Regional Hospital Tullamore Campus,****Arden Road, Tullamore, Co. Offaly, R35 NY51** |