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 *.* |
| **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**](mailto: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** | |