

CLD ST JAMES'S HOSPITAL APPLICATION FORM

Participants Name:		
Job Title:		
Email Address:		
Name of Course applying for?		
NMBI registration Division General, Mental Health, ID & PHN		
NMBI number		
Are you working in Acute, Primary Health care, Care of the Older person, Mental health or Intellectual Disability?		
What is the name of your community hospital, community unit, health centre etc. (applicable to your place of work)?		
<u>Please ask permission from your line manager before applying for the course</u> Line managers will be cc. in correspondence		
Name of Line Manager		
Email of Line Manager		
Please cc your line manager when sending in this application form via email. Please return the completed form to: Regina Lennon Email: rlennon@stjames.ie (Fully completed typed application forms only accepted & no scanned copies accepted)		
A reply email will be sent to confirm your space on the course		
Your email address will be added to a mailing list to disseminate education courses in the future.	Tick here to opt in	Tick here to opt out
In order to sustain Regional Educational Model a Survey Monkey questionnaire to evaluate the education will be sent out in the future	Tick here to opt in	Tick here to opt out

Thank you for your support