



MSc GERONTOLOGY NURSING

DECLARATION FORM

Date: _____

Programme Title: _____

Student's name: _____
(as on Nursing and Midwifery Board of Ireland Register)

Student's number: _____

Student's Address: _____

Telephone No: Home _____ Work: _____

Email address: _____

In what capacity do you work? Job Share _____ Part time _____ Full time _____

If Part Time/Job Sharing, how many **hours per month** do you work? _____

Are you engaged in day and/or night duty? Day _____ Night _____

Students must be engaged in relevant clinical practice for a minimum of 78 hours per month for the duration of the programme for which they have applied.

I (Director of Nursing/Midwifery) verify that the above named student is currently engaged in nursing/midwifery practice relevant to the programme and will be supported by the hospital to receive the necessary clinical experience required to successfully complete the programme.

Signature: _____
Director of Nursing/Midwifery

Student's Employment Address: _____

Area of Clinical Practice: _____