**Applicant Contract:**

* Before applying, I will familiarise myself with the programme information and appropriateness to my current development needs.
* I will complete the application form accurately and in full.
* I will commit to full attendance.
* **The Certificate in Professional Practice: Professional Management of Complex Behaviour in Clinical Practice** is delivered over 1 semester, with a combination of face to face and on-line lecturers from 09.00hrs to 17.00hrs for 11 days (approx.) over the semester. In addition, to facilitate the safety strategies in PMCB modules, students are also required to attend for face to face practical classes, for a total of 5 days approx. (09.00hrs to 17.00hrs). Please note this is subject to change. Students must also complete the teaching practice element of the programme in their own setting
* **The PG Dip in Professional Practice: Professional Management of Complex Behaviour in Clinical Practice** is delivered over 2 semesters, with a combination of face to face and on-line lecturers from 09.00hrs to 17.00hrs for 11 days (approx.) in semester 1 **and** in semester 2. In addition, to facilitate the safety strategies in PMCB modules, students are also required to attend for face to face practical classes, for a total of 5 days approx. (09.00hrs to 17.00hrs) in semester 1 **and** in semester 2. Please note this is subject to change. Students must also complete the teaching practice element of the programme in their own setting
* **The MSc in Professional Practice: Professional Management of Complex Behaviour in Clinical Practice** is delivered over 1.5 to 2years, with a combination of face to face and on-line lecturers from 09.00hrs to 17.00hrs for 11 days (approx.) in semester 1 **and** in semester 2. In addition, to facilitate the safety strategies in PMCB modules, students are also required to attend for face to face practical classes, for a total of 5 days approx. (09.00hrs to 17.00hrs) in semester 1 **and** in semester 2. Please note this is subject to change. Students must also complete the teaching practice element of the programme in their own setting. In semester 3, students are required to complete a research dissertation.
* I confirm that I have successfully completed and have certification for the duration of the programme, in the following formally recognised certificates in
  + Basic Life Support/CPR
  + Manual Handling
* I confirm that I am in good health
* I will discuss my application with my Director of Nursing/Manager in advance.
* I will ensure that the Director of Nursing/Manager section is completed and that a full application form will be submitted to DkIT
* I have discussed and agreed my attendance with my Director of Nursing/Manager to ensure completion of all elements of the Certificate in Professional Management of Complex Behaviour in Clinical Practice.
* I am aware that HSE& DKIT will keep this data on file.

**DIRECTOR OF NURSING/MANAGER RECOMMENDATION & CONTRACT:**

**N.B. Please discuss application with staff member prior to**

**completion of this section**

**If you are recommending this request please complete**

Please explain why you believe this course is relevant to the applicant:

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Please outline how it relates to his/her service:

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I recommend this request Yes ……….. No ………….

**DIRECTOR OF NURSING/MANAGER CONTRACT:**

* I will discuss the programme information with applicant in advance and familiarise myself with content and appropriateness to his/her current development needs.
* I undertake to facilitate the release of this participant to engage in all elements of the programme.
* I agree to release applicant for the requisite contact days (see previous page) for this programme
* **Incomplete applications will not be considered for selection** therefore it is imperative that you complete relevant section of this form and return to applicant to forward to DkIT

*Director of Nursing/Manager (Block Capitals)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature:*

Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

*Applicant \_(Block Capitals)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_