



Master of Health Science in Applied Health & Wellness Coaching
SG_NAHWC_M09

Please complete the form clearly using BLOCK CAPITALS

Personal Details	
AFFIX RECENT PASSPORT PHOTO HERE	Title
	First Name
	Last Name
	Middle Name
	Date of Birth
	Country of Birth
	PPS Number
	Email Address
Phone Number	
Correspondence Address	
Address Line 1	
Address Line 2	
City/Town	
County	
Postal Code	
Country	

ATU makes every effort to facilitate students with disabilities or special needs (physical/sensory/learning or mental health). You may choose to indicate any disability, health condition or specific learning difficulty in this part of the application form. This information is requested in order to ensure that any support needs are identified. The information does not form part of the selection process.

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Current ATU Student	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, enter student ID	
Past ATU Student	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, enter student ID	

Registration with NMBI/Professional Body	
Original Date of Registration	
NMBI PIN	
Please tick relevant	RGN <input type="checkbox"/> RPN <input type="checkbox"/> RCN <input type="checkbox"/> RM <input type="checkbox"/> RPHN <input type="checkbox"/> RNID <input type="checkbox"/>
	Other <input type="checkbox"/> please specify:



Third Level Education	
Primary Degree/Title/Award	
Institution	
Start Date	
Exit Date	
Awarding Body	
Award Level (state overall honours or grade levels)	
Postgraduate Qualification	
Title	
Year Awarded	
Awarded by	
Other Higher Education Awards (Diploma, etc.)	
Title	
Year Awarded	
Awarded by	

Professional Courses	
Course Title	
Institution	
Dates	
Result	
Awarding Body	
Qualification	
Course Title	
Institution	
Dates	
Result	
Awarding Body	
Qualification	
Course Title	
Institution	
Dates	
Result	
Awarding Body	
Qualification	

Accreditation for prior learning may be considered. Are you interested in applying for accreditation? Yes <input type="checkbox"/> No <input type="checkbox"/>



Employment Record

Please list appointments held in chronological order, briefly describing the nature of the work undertaken, if relevant to your application.

Job Title	
Dates	
Employer	
<hr/>	
Job Title	
Dates	
Employer	
<hr/>	
Job Title	
Dates	
Employer	

Present Work Location

Job Title	
Start Date	
Employer	
Employer's Address	
Employer's Phone No.	
Hours Worked	
Outline of Duties	

Relevant Experience

Please provide details of any experience (work, research, projects, etc.) that you have gained which you think is particularly relevant for the programme for which you are applying.
Any additional information will assist in evaluating your application.

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Supplementary Information

Outline your understanding of the demands that this course will make on you, and what steps you intend to take to overcome.

Funding

Are you applying for Funding? Yes No

How did you hear about the programme?

Social Media	<input type="checkbox"/>	Website	<input type="checkbox"/>
Advertising Flyer	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>
Friend/Colleague	<input type="checkbox"/>	Radio/TV	<input type="checkbox"/>
Other	<input type="checkbox"/> please specify:		

I acknowledge that the particulars given in relation to this application are in all respects true.

SIGNATURE _____

DATE _____



Application Checklist

Before submitting this application, please ensure that you have satisfied the requirements listed below.
Incomplete applications will not be considered.

Application Form Fully Completed	<input type="checkbox"/> Yes
Photograph Attached	<input type="checkbox"/> Yes
Copy of Current NMBI/Professional Body Registration Certificate Attached	<input type="checkbox"/> Yes
Copy of Third Level Education Transcripts Attached	<input type="checkbox"/> Yes
Copy of Marriage Certificate Attached (only if using a different name to the one on the results transcript or NMBI certificate)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Application Processing Fee Paid Online www.stangelaspayments.com	<input type="checkbox"/> Yes
Copy of IELTS Certificate* (only for applicants whose first language is not English)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

****For applicants whose first language is not English an IELTS score of a minimum of 6.5 is required for admission to all programmes.***

Application Form and supporting documents should be returned via post or email to:

Karolina Oracz
School Administrator
School of Nursing, Health Sciences and Disability Studies
Atlantic Technological University
ATU St Angelas, Clogherevagh, Sligo, F91 C643, Ireland
Email: karolina.oracz@atu.ie