



Part time Higher Diploma in Medical Science (TU088)

Additional Information

Title and details of project completed as part of your undergraduate award

Please include relevant techniques and any areas of Medical Science which you may have covered in your research.

Please provide details of any additional research which you feel may be relevant.

It is a requirement of entry into the programme that you have previous learning in the subjects below. For **each** of the areas below detail how your prior learning meets these requirements and the associated ECTS credits. Prior learning can be from CPD, undergraduate or Postgraduate.

Discipline	Awarding body and Module Code	ECTS credits	Description of module/s
Microbiology			
Biochemistry			
Cell/Molecular Biology			
Physiology/Anatomy			
Immunology			

Work experience

Clinical Laboratory experience:

Employers name and address	Dates*	Tasks performed

Non-Clinical laboratory experience:

Employers name and address	Dates*	Tasks performed

*please include dates employed and how many years and months you will have worked up to end of November of application year.

Any other relevant information:

I declare that the information contained in this application is accurate at the time of submission. I confirm that I have provided all necessary documentation as required and understand that incomplete applications will not be considered.

Applicant signature:

Date:

As part of this application form, you will need to submit a **signed and stamped** letter of support from your current clinical laboratory manager. See Appendix I for sample letter of support.

If you meet all the criteria for entry and you are already applying from a hospital that is an approved TU Dublin training site and where a signed agreement is in place, if you are successful, you will be offered a place.

If you meet all the criteria for entry and you are applying from a hospital that is not yet approved by TU Dublin, you will be given a conditional offer pending training hospital approval.

If the training hospital is approved, this will trigger a formal offer of a place on the course.

Appendix I: Draft letter of support

Instructions

This form is intended to confirm the following in relation to the applicant:

- Is currently employed in this hospital laboratory as a Medical Laboratory Aide / Trainee Medical Scientist.
- Will be supported to attend on-campus teaching and learning activities of the part time Higher Diploma in Medical Science (Programme Code TU088) over a period of three years.
- Will be released to undertake five rotations of 6 weeks each to achieve the professional placement learning outcomes during the three years of the programme as set out in the programme structure.

Placement Information

Hospital Name _____ Address _____

Applicants Name _____

Approvers Name _____ Approvers Position _____

Approvers Telephone Number _____ Approvers Email _____

Please confirm that the above-named hospital site can fulfil the Professional Placement module learning outcomes for the following disciplines:

Haematology Yes ☐ No ☐ Cellular Pathology Yes ☐ No ☐

Microbiology Yes ☐ No ☐ Blood Transfusion Yes ☐ No ☐

Clinical Chemistry Yes ☐ No ☐ Immunology Yes ☐ No ☐

If you are unable to provide training in one or more of the disciplines at your hospital site, please give the details of additional site(s) and departments where the student will complete part of their placement below.

Hospital Site	Discipline(s)
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Please provide the contact details for the Practice Educator (PE) at the additional site(s):

Name:

Email Address:

I've read the information supplied by TU Dublin and confirm that by signing this form, I agree to:

1. Support the applicant in achieving the Professional Placement module learning outcomes.
2. Support the completion of 1000 hours of professional placement by the applicant.
3. Ensure that the applicant will be trained in all disciplines, either on site or on an alternative site - details of which I have included above.
4. This hospital laboratory works to an ISO15189 standard or equivalent.
5. Recommending the applicant for the programme.

Signature _____
Signature of Applicant

Signature _____
*Signature of Approver /
Laboratory Manager*

Date _____
MM/DD/YY

Date _____
MM/DD/YY