

# Parkinson's Nurse Specialist Scholarship Application Form



Parkinson's  
Ireland

First Name:  Surname:

Phone:  Email:

Address:

Eircode:  Years Qualified:

Gender: Male  Female  Prefer not to say  Other:

NMBI Registration Number:

## Please list your educational qualifications

PI may ask you to provide proof of any qualifications listed at a later date

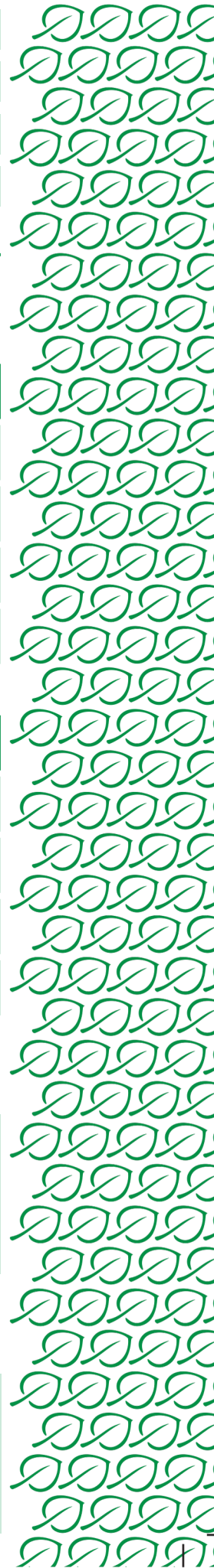
Institution	Qualification	Year End	NFQ
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Please list your work experiences

Organisation	Role	Start	End
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do you have at least 6 months of experience caring for people with Parkinson's? Yes  No  Please describe your experience:

Have you previously completed any specialist training in neurology or Parkinson's care? Yes  No  Please provide details:



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Parkinson's Ireland

Why are you interested in taking the course? (Not exceeding 150 words)

How do you see this scholarship contributing to your career development? (Not exceeding 150 words)

Please indicate which course you would like to apply for (for more information, please visit the scholarship brochure on our website):

- SHGM101 - The Management of Parkinson's Disease-Related Conditions (Level 7)
- SHG311 - Meeting the Specific Needs of People with Parkinson's Disease and their Carers (Level 6)

Do you understand that Parkinson's Ireland will reimburse the cost of the course fees to you only upon successful completion of then course and submission of assessment results? Yes  No

I agree to the GDPR statement below Yes  No

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** DD/MM/YYYY

**Data Protection Statement:** Parkinson's Ireland is committed to protecting your personal data in accordance with the General Data Protection Regulation and the Data Protection Act 2018. The information provided in this application form will be used solely for the purpose of administering and assessing applications for the Parkinson's Disease Nurse Specialist Scholarship. Your data will be processed securely and will only be shared with those directly involved in the selection process. It will not be shared with third parties for any other purpose. Application forms and associated data will be retained for no longer than 12 months after the completion of the selection process, after which they will be securely destroyed. By submitting this form, you confirm that the information provided is accurate and that you consent to PI processing your data for the purposes outlined above. If you wish to access, correct, or request the deletion of your personal data, or if you have any concerns regarding its use, please contact PI's Data Protection Officer at [nationaloffice@parkinsons.ie](mailto:nationaloffice@parkinsons.ie).

