

Full time Higher Diploma in Medical Science (TU888)

Application form

This programme is delivered over 2 years and entry is based on competitive selection. Minimum requirements include a minimum of a 2.2 in a Level 8 degree in Biological Sciences, Biochemistry, Microbiology, Molecular Biology, Physiology, Immunology or other cognate discipline, with a laboratory based project component.

To apply for this programme the applicant must submit the following;

1. A copy of your **Passport** (if you do not hold a passport, a birth certificate and a form of photographic identification is required).
2. Certified copy of **Transcripts*** from the awarding body in which you completed your undergraduate and/or postgraduate degree. These transcripts should contain a date and the number of ECTS credits applied to each module.
3. Certified copy of **additional certificates*** from the awarding body where you completed your studies.
4. Certified copies of **Parchments*** for degree and/or post graduate qualifications.
5. A fully completed and signed **application form**. Please do not alter the application form, if a section does not apply to you, please leave it blank.

The language of instruction and communication is English. All applicants whose first language is not English and who have not been educated through the medium of English will be required to meet the following requirements:

- An IELTS overall score of 6.5 or better with minimum subject scores of 6.5 for each section.
- Or an equivalent English language proficiency test.

This list details the minimum application requirements, TU Dublin reserves the right to seek additional supporting evidence or clarification. However, due to the large numbers of applications, incomplete applications will not be considered. Admission to the programme may be subject to an interview.

* If required a certified translation must accompany the submission.

Surname:

Forename:

Qualifications

Undergraduate qualifications

Course title:

Awarding body:

Year of award:

Grade awarded:

Title and details of project completed during undergraduate degree.

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

Postgraduate Qualifications

Course title:

Awarding body:

Year of award:

Grade awarded:

Details of relevant modules and ECTS credits:

Module title	ECTS credits	Details

Title and details of postgraduate thesis:

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			

Recognition of prior learning.

Where applicants have previously completed modules within the past 5 years, specifically Applied Immunology, Medical Microbiology, Clinical Chemistry, Haematology, Transfusion Science and Cellular Pathology/Clinical Cytology, these may be recognised as prior learning in assessing your application and may also be considered for an exemption. Where you have completed a module either as part of your degree or as CPD, please provide details below.

Subject	Awarding body and Module code	Year completed	ECTS credits	Mark received
Applied Immunology				
Medical Microbiology				
Clinical Chemistry				
Haematology				
Cellular Pathology/ Clinical Cytology				
Transfusion Science				

To be considered for an exemption, the module must

- a) have been completed within 5 years of the exemption being applied for (If the module was part of your undergraduate degree the start date of this 5-year period is the examination board date of the relevant year the module was taken)
- b) be at least a 70% equivalence of the current module content.

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: