Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

School of Nursing and Midwifery
Transition Year Programme: Monday 13 April to Friday 17 April 2026

Application Form

Please print legibly in black ink

Information provided on this form is for the purpose of application to attend the TCD School of Nursing and Midwifery Transition Year Programme 2026 and will be used for that purpose only.

Section A: Applicant's Personal Details	
First name	**Surname**
Home address	
Email address	
Contact number	
Date of birth	

Section B: School Information		
Name and address of Secondary School		
Current Year Transition Year		
Copy of Insurance Policy from Secondary School attached: the policy should be in date / valid at the time of submission.	**Yes** ☐	**No** ☐
Letter from Secondary School: the letter should state that, in the event the student is offered a place on the TY Programme, their school will release them to attend.	**Yes** ☐	**No** ☐

Section C: Parental / Guardian consent	
Name of applicant	
Name of Parent/Guardian	
Relationship to applicant	
Address	
Home phone	**Mobile no**
Emergency contact details if different from above	

I agree to allow the young person named above to attend the School of Nursing and Midwifery Transition Year programme from Monday 13 April to Friday 17 April 2026.	**Yes** ☐	**No** ☐
I agree that the young person named above may be photographed during the programme and these photographs may be used for promotional purposes by the School of Nursing and Midwifery, for example on the School's website. I understand that these photographs will be used by the School of Nursing and Midwifery only and will not be transferred for use to any third parties.	**Yes** ☐	**No** ☐
The TCD School of Nursing and Midwifery is a registered training centre with the Irish Heart Foundation (IHF). We are required to provide the IHF with the names of any persons who undergo training / partial training in our centre. I agree that the young person named above may be included on the list sent to the Irish Heart Foundation.	**Yes** ☐	**No** ☐
I give permission for the young person named above to complete all tests and surveys that the School of Nursing and Midwifery deems necessary in evaluating the effectiveness of the programme.	**Yes** ☐	**No** ☐

Signed (Parent/Guardian) _____

Name (BLOCK CAPITALS) _____

Date _____

Section D: Medical details
Name of applicant

Any special requirements (medical or otherwise) which may be required are set out on this Form or on a separate letter (*please tick in the space below to indicate if a separate letter is attached).

I understand that the young person named above has full responsibility for any medication they may be required to take during the School of Nursing and Midwifery Transition Year Programme 2026. Members of staff will not be accountable for students' medication, prescription or otherwise.	**Yes** ☐	**No** ☐
I agree to authorise members of staff during the course of the School of Nursing and Midwifery Transition Year Programme 2026 to approve such medical treatment for the young person named above as is deemed necessary in an emergency and / or upon the advice of a qualified medical practitioner. In the event of the young person named above requires medical treatment I agree to bear the additional costs or to reimburse the School of Nursing and Midwifery for additional costs.	**Yes** ☐	**No** ☐

*** Letter with further medical details attached:** **Yes** ☐ **No** ☐

Medical Details Form

Date of last tetanus, if any _____
(Tetanus is not required in order to apply for / attend the Transition Year programme)

Allergic or non-effective medicines_____

Any complaints from which your child suffers _____

_____

Name, address and contact number of GP_____

_____

Signed (Parent/Guardian) _____

Name (BLOCK CAPITALS) _____

Date _____

Section E: Declaration
Name of applicant
Name of Parent/Guardian

To ensure that all attendees get the maximum benefit from the Transition Year Programme, the following ground rules must be adhered to:

- Smoking and the possession or consumption of alcohol and drugs are strictly forbidden.
- While on the Transition Year Programme, attendees are responsible for their personal property.

I accept that the young person named above is bound by the rules and regulations of the School of Nursing and Midwifery and that they must comply with the directions of the adult(s) in charge. Failure to do so may result in them being sent home and their school being informed. In the event of the young person named above being sent home for disciplinary reasons I agree to bear the additional costs or to reimburse the School of Nursing and Midwifery for additional costs.	**Yes** ☐	**No** ☐
I have read all information provided by the School of Nursing and Midwifery and completed all application details. I certify that all the information supplied in this application form is correct and complete.	**Yes** ☐	**No** ☐

Signed (Parent/Guardian) _____

Signed (Applicant) _____

Date _____

My personal commitment

If I am accepted to participate in the Transition Year Programme 2026 provided by the School of Nursing and Midwifery, I agree to follow the School of Nursing and Midwifery rules and regulations. I promise to participate in a spirit of co-operation and responsibility, representing myself, my family, my class and my school with honour.

Signed (Applicant) _____

Name (BLOCK CAPITALS) _____

Date _____