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|  | Annex to the application for the recognition of a foreign qualification: sheet for programme of study “Healthcare” | | | | | | | | | | | | | | | | 1F3U8DC-01-161213 | |
|  | ///////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////// | | | | | | | | | | | | | | | | | |
|  | Through this sheet you provide the experts examining your application with information about your programme of study, your experience and your motivation for working in the healthcare sector.  Number the supporting documents that are required for each section and append them to your sheet. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | Details on your programme of study | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | Study programme duration | | | | | | | | | | | | | | | | | |
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| 1 | In this section “hours” is to be understood as “hours actually attended”.  Add official supporting documents from the educational institution to this sheet which mention the number of hours you actually attended. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 2 | How many hours of theoretical education did you attend during your programme of study? | | | | | | | | | | | | | | | | | |
|  |  | | hours | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 3 | How many hours of practical training did you attend during your programme of study?  An example of practical training is the skills lab. | | | | | | | | | | | | | | | | | |
|  |  | | hours | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 4 | How many hours of clinical training did you attend during your programme of study?  An example of clinical training is doing bedside work in a care facility, in real-life situations. | | | | | | | | | | | | | | | | | |
|  |  | | hours | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | Training programme | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 5 | What types of basic care did you learn during your programme of study?  Give a description. Indicate e.g. how you have learned to provide assistance with activities of daily living. | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | |
|  | Work placement | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 5 | Tick below which clinical domains you worked in during your work placements and mention the number of work placement hours.  Add a supporting document for each work placement to your sheet. NARIC will only take your work placements into account, provided the relevant supporting documents have been added to your application. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | Clinical domain | | | |  | Work placement hours | | | | |  |  | Clinical domain | |  | Work placement hours | | |
|  |  | Home care | | |  |  | | | hours | |  |  | Internal nursing | |  |  | | hours |
|  |  | Geriatrics and elderly care | | |  |  | | | hours | |  |  | Surgical nursing | |  |  | | hours |
|  |  | Psychiatry and mental healthcare | | |  |  | | | hours | |  |  | Paediatrics | |  |  | | hours |
|  | | |  | | Maternal and childcare | |  |  | | hours |
|  | | | | | | | | | | | | | | | | | | |
|  | Details on your work experience | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 6 | Add a supporting document for all your relevant work experience. NARIC will only take your work experience into account, provided the relevant supporting documents have been added to your application. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | Motivation | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 7 | Be as detailed as possible when motivating the purpose of your application below and specify in which function you would like to work with a recognised diploma. | | | | | | | | | | | | | | | | | |
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|  | Supporting documents to be added to your file | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 8 | Tick below which supporting documents and certificates you have added to your application and mention the numbers you have given them. | | | | | | | | | | | | | | | | | |
|  |  | Official supporting documents from the educational institution on the number of hours of theoretical, practical and clinical training actually attended (see Question 1) | | | | | | | | | | | | | | | | |
|  | | Numbers of the supporting documents: | | | | | |  | | | | | | | | | | |
|  |  | Supporting documents of your work placements (see Question 5) | | | | | | | | | | | | | | | | |
|  | | Numbers of the supporting documents: | | | | | |  | | | | | | | | | | |
|  |  | Supporting documents of your relevant work experience(see Question 6) | | | | | | | | | | | | | | | | |
|  | | Numbers of the supporting documents: | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | Signature | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 9 | **Complete the declaration below.** | | | | | | | | | | | | | | | | | |
|  | I confirm that all the information on this form is correct.  I declare that I can prove all the information by means of supporting documents and that all the added documents are authentic documents or copies of authentic documents. | | | | | | | | | | | | | | | | | |
|  | Date | | | Day | |  | Month | |  | Year |  | | |  | | | | |
|  | Signature | | | Read and approved, | | | | | | | | | | | | | | |
|  | First and last names | | |  | | | | | | | | | | | | | | |