**HSCP PROFESSIONAL DEVELOPMENT FUNDING**

**EXPRESSION OF INTEREST FORM**

**UCD - Prof Certificate Neurodiversity – CodeX936**

Recognising the importance of supporting the professional development needs of HSCPs working in our health service, the National Health and Social Care Professions Office (NHSCPO) is delighted to be in a position to offer funding for **10 places** on UCD’s **Professional Certificate in Neurodiversity**. Expressions of interest are being sought from individuals currently providing care to service users with neurodiversity. The course is delivered in a blended approach, with a series of two-hour evening sessions with two workshop days, completed over one semester starting in September 2023. For further details and to check if you meet the course eligibility requirements please use the following [link](https://www.ucd.ie/medicine/studywithus/graduate/neurodiversity/profcertificateneurodiversity/).

## To apply for this professional development opportunity please complete this application form and return to [HSCP.NationalOffice@hse.ie](mailto:HSCP.NationalOffice@hse.ie) by **5pm Friday 14th July 2023**. If oversubscribed, selection will be based on relevance to current role, and will take into consideration an equitable distribution across professions and geographical region.

**Application**

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| --- | --- |
| **First Name** |  |
| **Surname** |  |
| **Email Address** |  |
| **Profession** |  |
| **Current Role**  (must demonstrate significant role in working individuals with neurodiversity) |  |
| **Location:**  Please provide details of the organisation you work in and location |  |
| **Personal Statement on why you should be funded?** (Max 500 words): | |
| **Qualifications/Prior CPD in the Area:** | |
| **Statement of support from Line Manager:**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Line Manager to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, support this application, and if successfully funded, I will approve release of this staff member to attend the online sessions and workshop days as per the course outline.  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (electronic signature or wet ink) | |
| **Applicant Commitment**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge requirement, and commit to undertake, all aspects required by UCD to complete the Prof Cert in Neurodiversity. Additionally, I commit to engage and work with the National HSCP Office to evaluate the impact of my participation in this Professional Certificate on a personal, service level, and service-user perspective.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

We would like to keep your contact information on file for communication regarding future events or opportunities within the National Health & Social Care Office, HSE. Please indicate below if you consent for your details to be held:

Yes, I consent

No, I do not consent