



Dental Health Foundation  
Ireland



National University of Ireland, Galway  
Ollscoil na hÉireann, Gaillimh

Affix applicant's  
photograph

## Specialist Certificate in Health Promotion (Oral Health)

Autumn 2009

Closing Date: Friday, 24<sup>th</sup> July, 2009

Surname

First name/s:

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Full name as stated on birth certificate

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Ms  Mr  Mrs  Female  Male

Date of birth

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Country of birth

Nationality

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Have you previously studied at NUI, Galway?

If so, state your Student ID number

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Address for correspondence *please ensure you are contactable at this address at all times*

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Telephone (mobile)

Telephone (daytime)

Email

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**Personal Statement – your interest and suitability for participation in this Specialist Certificate training course:**

Please submit a minimum of 200 words here outlining the following:

- **Your interest / motivation for participating in this training course;**
- **How you feel you meet the selection criteria specified in relation to this course;**
- **Why you feel you are a suitable participant for this course;**
- **How you can apply your learning from this course to support your organisation / centre / service to be more health promoting;**