

Online form to accompany transcript of training
(This non bar-coded form is for single use only)

Name of applicant in full: **HASSIMILIANO PUDDU**
PRN:
Application to register as:

The head of the training institution should complete the details below (as appropriate for the qualification being used as a basis for application). **Please attach the school's own transcript of training form which must contain a breakdown of the training in hours, and show theoretical and clinical hours separately.**

Summary of training	Hours
Total hours of theoretical instruction	3075
Total hours of clinical instruction	1700
Total hours of theoretical and clinical instruction	4775

Note: Only complete the hours of clinical study in the relevant field.

Adult (general) nursing	Hours
General or specialist medicine	487
General or specialist surgery	50
Child care and paediatrics	50
Maternity care	50
Mental health and psychiatry	137
Care of the elderly (geriatrics)	
Home or community nursing	250

Mental health nursing	Hours
Care of patients with acute and enduring or chronic conditions	50
Care of children and young people	
Substance abuse, challenging behaviour and secure environments	400
Care of older people	250
Continuing care and rehabilitation	
Community care	100

Learning disabilities	Hours
Learning disability in residential and day care settings	125
Complex needs and mental health problems	50
Care of people of all ages, from childhood to old age.	150
Continuing care and rehabilitation	50
Working with families and carers	50

Children's nursing applications	Hours
Specialist surgical or medical interventions	
Care of children and young people in hospital, school and other community settings	50
Care in emergency, neonatal and high dependency settings	100
Health promotion and education	175
Working with families and carers	75

Note: Please also complete the section at the foot of the page overleaf and attach additional school of training transcript details when returning this form.

Please complete this section only if the applicant is applying for midwifery.

Summary of midwifery programme	Hours
Total hours of theoretical instruction	
Total hours of clinical instruction	
Total hours of theoretical and clinical instruction	

Clinical practice	Hours
Antenatal area	
Intranatal area	
Postnatal area	
Neonatal area	

Midwifery practice	Number of women and babies
Total number of prenatal examinations	
Prenatal examinations in antenatal clinics	
Supervision and care of women in labour	
Total number of deliveries undertaken	
Participation in deliveries (excluding the above)	
Actual breech deliveries	
Simulated breech deliveries	
Episiotomy and suturing	
Suturing of perineal lacerations	
Care of women at risk in pregnancy, labour or postnatal period	
Supervision, care and examination of postnatal women and babies	
Family planning, information and advice	
Observation and care for newborns requiring special care	
Observation and care of women with pathological GYN/OBS conditions	

Please complete the following sections before returning this form to the NMC, and enclose a copy of the school's transcript of training.

Name and address of training institution	
--	--

I certify that the information entered on this form represents a true summary of the theoretical and clinical instruction of the person named above.

Official stamp or seal:

Signed

G. Mares

Print name

Giuseppe MARES

Designation

Coordinatore C.A.L. ASSISTENZA SANITARIA