



Nursing and Midwifery Planning and Development Unit Midlands  
 Instructions for completing Application form for funding Continuous Professional Development  
 (CPD) courses

Applications for funding must be submitted to NMPDU a minimum of 2 weeks prior to the conference/event. Otherwise, funding may not be approved.

1. Please open attached PDF application form and save as your First Name and Surname to your PC/Laptop

- The **Applicant** must complete all mandatory fields highlighted with a red border in **Section 1** and email the completed form to their Line Manager
- The **Line Manager** must complete **Section 2 (including the local cost centre for reimbursement to the service where a course must be paid by the applicant in advance)** and email the form to the Director of Nursing/Midwifery
- The **Director of Nursing/Midwifery** must complete **Section 3** and email the completed form to [nmpdu.midlands@hse.ie](mailto:nmpdu.midlands@hse.ie) for review

Please note incomplete forms will not be accepted

If you have any queries in relation to this please contact Ciara Reid/Sheila Browne:  
[ciara.reid4@hse.ie](mailto:ciara.reid4@hse.ie) 087 4545568 / [sheila.browne@hse.ie](mailto:sheila.browne@hse.ie) 086 8121578



Learning Event Application Form / Conference Application Form 2023/2024

Applications for funding must be submitted to NMPDU a minimum of 2 weeks prior to the conference/event. Otherwise funding may not be approved.  
 Please complete all Mandatory fields highlighted with a red border, Incomplete forms cannot be submitted for review  
 This information will be recorded on a database

Section 1 To be completed by Applicant			
First Name:	<input type="text"/>	Surname Name:	<input type="text"/>
Job Title:	<input type="text"/>	Specialist Area:	<input type="text"/>
Address for Correspondence:	<input type="text"/>	Location:	<input type="text"/>
Mobile No:	<input type="text"/>	Personnel No:	<input type="text"/>
Email:	<input type="text"/>	Date/s of Event:	<input type="text"/>
Please complete details of the Event you wish to apply for:			
Name of Supplier:	<input type="text"/>	Cost of Event (if applicable):	<input type="text"/>
Location of Event:	<input type="text"/>	Supplier Email:	<input type="text"/>
Please indicate why you wish to apply for this event?			
Have you discussed this application with your Line Manager? <input type="text"/>			
Section 2 To be completed by Line Manager			
State reason for supporting this application:			
Study Leave Approved (if applicable):	<input type="text"/>	Hours/Days:	<input type="text"/>
Line Manager Name:	<input type="text"/>	Date:	<input type="text"/>
Line Manager Email:	<input type="text"/>	Please email this form to DoN/M for review?	
Section 3 To be completed by Director of Nursing/Midwifery.			
Please email the completed form to <a href="mailto:nmpdu.midlands@hse.ie">nmpdu.midlands@hse.ie</a> for review			
Name of Director of Nursing/Midwifery:	<input type="text"/>	Date:	<input type="text"/>
Email:	<input type="text"/>	Phone No:	<input type="text"/>
**Following approval by NMPDU, and on completion of learning event an invoice can be emailed to NMPDU Midlands for review at <a href="mailto:nmpdu.midlands@hse.ie">nmpdu.midlands@hse.ie</a> . If payment is required in advance please ensure the local cost centre is entered on this form. Certificates of attendance must also be submitted within four weeks of attending the Conference/Programme in order for payment to be processed.			
NMPDU Director Signature:	<input type="text"/>	Date:	<input type="text"/>
For Office Use Only: Approved: <input type="text"/>			
Comments: <input type="text"/>			