



Learning Event Application Form / Conference Application Form 2024

Applications for funding must be submitted to NMPDU a minimum of 2 weeks prior to the conference/even, 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:	Surname:	Job Title:	
Specialist Area:	If Other area	Location	If Other Location
Address for Correspondence			
Mobile No:	Personnel No:	NMBI PIN No:	Student No:
Email:	Start Date of Event:	End Date of Event:	
Please complete details of the Event: Event Title:			
Supplier Name:	Cost of Event		
Supplier Location:	please select alternative currency if applicable		
Supplier Email:	Supplier Tel.		
Please indicate why you wish to apply for this event?			
Have you discussed this application with your Line Manager?			Please email this from to your Line Manager for review?
Section 2 To be completed by Line Manager			
State reason for supporting this application:			
Study Leave (if applicable)	Hours	Day/s	Local Cost Centre No. Mandatory
Line Managers	Date:		Please email this form to DoN/M for review?
Name Email	_____		
Section 3 To be completed by Director of Nursing/Midwifery			
Directors Name	Date:		
Email	Phone No:		
Please email completed form to nmpdu.midlands@hse.ie			

***Following approval by NMPDU, and on completion of learning event an invoice can be emailed to NMPDU Midlands for processing nmpdu.midlands@hse.ie. If payment is required in advance please ensure the receipt of payment and cert of attendance is emailed within four weeks of attending the Conference before applying for reimbursement on-line through HR and Payroll Self Service .**

Name of approver:

Approved

Date:

Comment: