

Postgraduate Education Funding Application Form

Application for funding for Post Registration Education under the Sponsorship of Nursing/Midwifery Third Level Nursing Initiatives (HSE Circular 020/2014)

- This form must be opened in Adobe Acrobat (latest version of Adobe Acrobat can be downloaded by clicking the following link: <https://get.adobe.com/uk/reader/>)
- Please read applicant instructions before completing this form.
- Please note if all mandatory fields highlighted with a red border are not completed the form cannot be submitted by the Director of Nursing/Midwifery/Public Health Nursing/Director of Service to Nursing & Midwifery Planning & Development Unit (NMPDU)/Centre for Nursing & Midwifery Education (CNME) for review.
- Please do not copy and paste onto this form.
- Communication regarding your application will come from the following email:
Therefore.Workflow@hse.ie
- Should you have any queries regarding completion of this form please email: **nmpdu.midlands@hse.ie**

Section 1 - Personal Details

- 1.1 Surname (as on HEI application)
- 1.2 First Name (as on HEI application)
- 1.3 Employee Number / Personnel Number 1.4 NMBI No.
- 1.5 Email Address
- 1.6 Alternative Email Address
- 1.7 Contact Telephone Number
- 1.8 I agree that my data may be used:
1. to communicate with me regarding my role and/or further educational opportunities Yes ☐ No ☐
2. in relation to the work of the Office of the Nursing & Midwifery Services Director and/or Nursing Midwifery Planning & Development Unit and/or Centre for Nursing & Midwifery Education Yes ☐ No ☐

1.9 Work Location/Department

Eircode

Health Region

1.10 Address for Correspondence

Eircode

1.11 Current Job Title

1.11a Grade

1.12 Service Area

Other, please
specify here

1.13 Service Area Location ie; name of hospital / name of community service

1.14 Length of time
in current role

1.15 Do you require a Work Visa/Permit to work in the state?

Yes

☐

No

☐

Note: If answer is "Yes" above please enter Stamp number

1.16 Have you received funding within the past 36 months
to **commence** a Programme

Yes

☐

No

☐

If you answered Yes to 1.16 please provide the following information

1.17 Name of Programme

1.18 Date of commencement
of Programme

1.19 Qualification Obtained

1.20 HEI where Programme was completed

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1.21 Who funded
Programme?

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1.22 Please list previous qualification(s) obtained (please start with most recent).
Include Undergraduate qualification.

Programme Title	Qualification	Conferring Body	Date Obtained dd/mm/yyyy	Were you sponsored by HSE to undertake this study

Section 2 - Details of proposed Programme of study

2.1 HEI

2.1a Other HEI

2.2 Programme Title (as per HEI)

2.2a Other Programme Title

2.3 Clinical ☐

Non Clinical

☐

2.4 NMBI approved Programme Yes ☐

No

☐

2.5 Qualification obtainable

2.6 NFQ Level

2.7 Which year of the Programme are you seeking funding for - please select from drop down

2.8 Programme Code (if known)

2.9 Student Number (if available)

2.10 Programme start date

2.11 Academic Year

Note: please enter dates in dd/mm/yyyy format e.g. 09/06/2022

2.12 Total Programme fees

2.13 Fees for proposed year

Note: please include total cost of Programme fees e.g. Year 1 and Year 2

Note: please include fees for current year you're applying for only

2.14 What are the main objectives of the Programme

2.15 List Programme modules

2.16 If this application is for a Masters degree related to ANP/AMP, has the applicant been recruited/ appointed as a Candidate ANP/AMP

Yes, Candidate ANP ☐

Yes Candidate AMP ☐

No ☐

If yes, what was date of appointment

2.17 Please outline the specialist area of practice

Section 3 – Learning Context

3.1 Please outline how the Programme that you are applying for integrates with a) your current role and objectives and b) service needs within your area of work

3.1a Current role objectives

3.1b Service needs within your area of work

3.2 How is it envisaged that learning from this Programme will be applied to the workplace in general?

3.3 Suggest how learning from this Programme may be applied to a specific service development/ improvement initiative

3.4 What future role is it envisaged that the applicant will take in the organisation after completing this Programme? Has this Programme been identified to support your PDP?

3.5 Consider project work to be undertaken as part of this Programme (including dissertation). How are these to be linked with the organisation/service area? Where possible state proposed project titles and plans. Please enter N/A if not applicable to your application.

3.6 I have met with my line manager to discuss my application, the details of which are approved by Director of Nursing/Midwifery/Public Health Nursing/ Director of Service

Yes ☐ No ☐

Section 4 - Applicants Declaration of Understanding - Please Read Carefully

4.1 I understand that any financial support made available to me for my Programme of study will be subject to the following conditions:

A fully completed Application Form for Post Registration Education Funding under the Sponsorship of Nursing/Midwifery Third Level Nursing Initiatives (HSE Circular 020/2014) must be submitted to and approved by the NMPDU/CNME prior to commencing any formal academic studies.

If my Programme of study extends beyond one academic/calendar year, it will be necessary for me to submit a fully completed Application Form for Post Registration Education Funding under the Sponsorship of Nursing/Midwifery Third Level Nursing Initiatives (HSE Circular 020/2014) to the NMPDU/CNME for funding for the second and any subsequent year.

If I transfer to a different Programme, I will be required to submit a new application for funding as this application will no longer be valid.

If I change employment (within the HSE/HSE funded service) during the application process or prior to commencement of the Programme, I will be required to resubmit Section 4 of this application completed by myself, the Line Manager and the Director of Nursing/Midwifery/Public Health Nursing/Director of Service from my new place of employment.

On completion of the academic year, I will be required to provide evidence of successful completion of the Programme of study to the Director of Nursing/Midwifery/Public Health Nursing/Director of Service.

If my application for funding is approved I undertake, following successful completion of the programme of education, to remain in the employment of my current employing agency for a minimum period of twelve months or for the length of the academic Programme undertaken, whichever is longer.

The following criteria applies in the event where repayment of fees or salary is required: 'Where an employee is required to repeat elements of a Programme they must remain in the employment of their current agency during the repeat period. If they cease employment or do not complete the Programme they will have their sponsorship terminated and will be required to repay fees. Such repayments shall be made to the public health service agency where they were employed. In exceptional circumstances all the above repayments may be waived or deferred at the discretion of the employing Health Service Agency.'

I will notify the Director of Nursing/Midwifery/Public Health Nursing/Director of Service and the NMPDU/CNME in writing should I:

- Fail to obtain a place on the Programme
- Not accept my place on the Programme
- Defer my place on the Programme
- Discontinue the Programme
- Change length of Programme, i.e. from full time to part time.

As per HSE HR Circular 020/2014 I understand that no funds will be provided for costs associated with repeat of modules/units of study, deferrals or late withdrawals from Programmes.

- I agree to submit my completed dissertation or thesis, if applicable, onto LENUS accessible at <http://www.lenus.ie/hse/>
- I agree to the NMPDU/CNME communicating with the relevant HEI as required for the processing of my Programme fee
- I understand that the personal details I have provided for this Programme will be held and processed by the NMPDU/CNME in accordance with GDPR and Data Protection Regulations

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By ticking this box I understand that I am declaring that I have read, understand and accept the terms and conditions outlined in this form and in HSE Circular 020/2014 and I hereby apply for funding as outlined above in line with these conditions.

Name

Note: Please type full name only (digital signature not possible)

Date

Note: please enter in dd/mm/yyyy format

This is an important document, please ensure that you retain a copy for your records.
You should now save this form and forward as email attachment to your Line Manager.

Line Manager's Declaration of Understanding

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Please confirm you have had a discussion with the Applicant regarding this application

4.2 I confirm that;

- the applicant has a satisfactory service record
- the terms of the applicant's contract of employment allows them to fulfil the service commitment associated with sponsorship
- the applicant is currently registered with the NMBI
- the proposed Programme of study is relevant to the applicant's area of practice **and/or**
- the proposed Programme of study is aligned to patient/service needs

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By ticking this box I understand that I am confirming that the applicant meets the conditions above and I am recommending that the application for funding be endorsed by Director of Nursing/Midwifery/Public Health Nursing/Director of Service.

Note to Line Manager: Please ensure applicant has completed all mandatory fields above prior to emailing this form to the Director of Nursing/Midwifery/Public Health Nursing/Director of Service as incomplete forms cannot be submitted for review. Please enter your name, date and contact details below.

4.3 First Name

4.4 Surname

4.5 Email Address

4.6 Tel No

4.7 Date

Note: please enter date in dd/mm/yyyy format

4.8 NMBI No
(if applicable)

4.9 Title/Grade

Other, please
specify

On completion Line Manager should save form and forward as attachment to Director of Nursing/Midwifery/Public Health Nursing/Director of Service.

Section 5 - Director of Nursing/Midwifery/Public Health Nursing/Director of Service sign-off

Note to Director of Nursing/Midwifery/Public Health Nursing/Director of Service:

Please enter your name, date and contact details below

Click on the SUBMIT button

When prompted please click Continue (this will generate an email with the form attached)

Click send on email to forward the form to NMPDU/CNME for review. You will receive an acknowledgment email.

5.1 First name

5.2 Surname

5.3 Email Address

5.4 Tel No

5.5 Date

5.6 NMBI No
(if applicable)

Note: please enter date in
dd/mm/yyyy format

5.7 Title/Grade

Other, please
specify

Director of Nursing/Midwifery/Public Health Nursing/Director of Service - Please click submit button below to send form to NMPDU/CNME for approval. **If all mandatory fields look fully completed and the form fails to submit using the Submit button, please save this form and attach to an email and forward to nmpdu.midlands@hse.ie**

Comment/Supporting Information (Optional): for completion by the Line Manager, Director of Nursing/Midwifery/Public Health Nursing/Director of Service. Any specific service need to support this application should be outlined here.

Submit

Should you have any queries regarding completion of this form please email: nmpdu.midlands@hse.ie
Thank you.