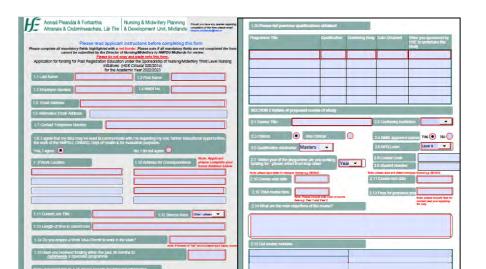
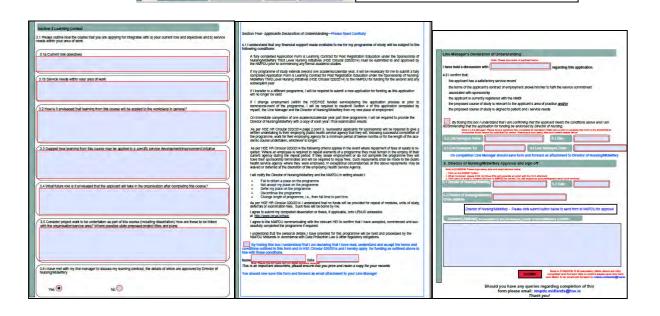
## Instructions for completing Application form for funding for Post Registration Education under the Sponsorship of Nursing/Midwifery Third Level Nursing Initiatives (HSE Circular 020/2014)

- 1. Please open attached PDF application form and save using First name and Surname as file name.
  - 1. Applicant must type in all fields from Section 1.1 to 4.1
  - 2. **Line Manager** must type in all fields in **Section 4.2** "Line Manager's Declaration of Understanding"
  - Director of Nursing/Midwifery/Head of Service must type in all fields in Section 5
    "Director of Nursing/Midwifery/Head of Service Approval and sign-off"
- 2. All mandatory fields as highlighted below with a red border



must be typed in



3. Type in all fields down to and including Section 4.1

## Please note:

- Section 1.12 (Service area) and Section 2.2 (Conferring institution) have drop down boxes containing the most common answers. If your work area or institution is not listed please type it in.
- Section 1.14 (Work Visa) If "yes" option selected please provide evidence that the terms of work visa and contract are of sufficient length for eligibility for sponsorship. (See Declaration of Understanding)
- Section 4.1 (Conditions) Please read the declaration of Understanding, Tick √ the box to indicate acceptance of the Conditions, type name and the date
- 4. Review the form carefully to ensure that all mandatory fields are completed.(highlighted with a red border). Please note if a mandatory field is left blank the Director of Nursing/Midwifery/Head of Service will not be able to submit the funding application.
- 5. Save the application as a PDF document. Download evidence of cost from HEI website (this is the cost of the 3rd level programme you wish to undertake) and save as a PDF document . Email both documents as attachments to Line Manager for completion "Line Manager's Declaration of Understanding" Section 4.2
- 6. The Line Manager must complete relevant sections and forward both documents i.e. application & evidence of cost as a PDF document by email to Director of Nursing/Midwifery/Head of Service who will consider / approve application before submitting to CNME Donegal for consideration.
- 7. Please note that the Director of Nursing/Midwifery /Head of Service will be unable to submit the application if there are incomplete fields on the form.
- 8. "Director of Nursing/Midwifery/Head of Service" In the event that the Submit function is not available, please email Application & Evidence of Cost to EducationFunding.CNMEDL@hse.ie
- 9. For any queries in relation to the above process please emailanne.carey@hse.ie