

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"
 3. **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

Section 1: Personal Details

1.1 Last Name, 1.2 First Name, 1.3 Employee Number, 1.4 NMPOU 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 to communicate with me regarding my role, further educational opportunities, job work of the NAIPOU, Courses, Dept of Health & the Investor, 1.9 Work Location, 1.10 Address for Correspondence, 1.11 Current Job Title, 1.12 Service Area, 1.13 Length of time in current role, 1.14 Do you require a Work Visa/Permit to work in the state?, 1.15 Have you received funding within the past 36 months to commence a Specialist programme?

Section 2: Previous Qualifications

Programme Title	Qualification	Issuing Body	Date Obtained	Were you sponsored by HSE to undertake this study?

Section 3: Details of proposed course of study

2.1 Course Title, 2.2 Continuity Institution, 2.3 Clinical, 2.4 NMC approved course, 2.5 Qualification obtained, 2.6 NMC Level, 2.7 Which year of the programme are you seeking funding for, 2.8 Course Code, 2.9 Student Number, 2.10 Course start date, 2.11 Course end date, 2.12 Total course fees, 2.13 Fees for proposed year, 2.14 What are the main objectives of the course?, 2.15 List course modules, 2.16 Where applicable, applying for a Midland Degree related to an Advanced Nurse Practitioner (ANP) Role Development has the applicant been identified as a Candidate ANP?, 2.17 Please outline the specialist area of practice.

Section 4: Learning Contract

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

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

3.3 Suggest how learning from this course 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 the course?

3.5 Consider project work to be undertaken as part of this course (including dissertation) how are these to be linked with the organisation's on-going work where possible state proposed project title and date.

3.6 I have met with my line manager to discuss my learning contract, the details of which are approved by Director of Nursing/Midwifery.

Section 4.1: Applicant's Declaration of Understanding

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 & Learning Contract for Post Registration Education under the Sponsorship of Nursing/Midwifery Third Level Nursing Initiatives (HSE Circular 020/2014) must be submitted to and approved by the NMPOU 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 & Learning Contract for Post Registration Education under the Sponsorship of Nursing/Midwifery Third Level Nursing Initiatives (HSE Circular 020/2014) to the NMPOU 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 from my new place of employment.

On immediate completion of one academic/calendar year part time programme, I will be required to provide the Director of Nursing/Midwifery with a copy of each year's final semester results.

As per HSE HSE Circular 020/2014 page 2 point 3, successful applicants for sponsorship will be required to give a written undertaking to their employer/public health service agency that they will, following successful completion of the programme, work for their employing agency for a minimum period of twelve months or for the length of the academic course undertaken, whichever is longer.

As per HSE HSE Circular 020/2014 the following criteria applies in the event where requirement of fees or salary is required. Where an employee is required to repay elements of a programme they must remain in the employ of their current agency during the repayment 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 requirements may be waived or deferred at the discretion of the employing health service agency.

I will notify the Director of Nursing/Midwifery and the NMPOU in writing should I:

- Fail to start a place on the programme
- Not accept my place on the programme
- Defect my place on the programme
- Discontinue the programme
- Change length of programme, i.e., from full time to part time

As per HSE HSE Circular 020/2014 I understand that no funds will be provided for repeat of modules, units of study, deferrals or examination fees. Such fees will be borne by me.

I agree to submit my completed dissertation or thesis, if applicable, onto LENSUS accessible at www.lensus.ie.

I agree to the NMPOU communicating with the relevant HSE to confirm that I have accepted, commenced and successfully completed the programme if required.

I understand that the personal details I have provided for this programme will be held and processed by the NMPOU in accordance with its data protection Law & other regulatory obligations.

By ticking this box I understand that I am declaring that I have read, understood 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: _____ Date: _____

This is an important document, please ensure that you print and retain a copy for your records.

You should now save this form and forward as email attachment to your Line Manager.

Section 5: Line Manager's Declaration of Understanding

4.2 I confirm that:

- I have held a discussion with _____ regarding this application.
- the applicant has a satisfactory service record
- the terms of the applicant's contract of employment allows her/him to fulfil the service commitment associated with sponsorship
- the applicant is currently registered with the NMC
- the proposed course of study is relevant to the applicant's area of practice and/or the proposed course of study is aligned to patient and service needs

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.

4.3 Line Manager Name, 4.4 Line Manager Email, 4.5 Line Manager Title, 4.6 Line Manager Signature, 4.7 Director of Nursing/Midwifery Approval and sign-off, 4.8 Line Manager Approval and sign-off.

Director of Nursing/Midwifery - Please click send button below to send form to NMPOU for approval.

Should you have any queries regarding completion of this form please email: recruitment@nmf.ie

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 email** anne.carey@hse.ie