



Funding Application Form

Nurse and Midwife Medicinal Product Prescribing Education Programme

- This form must be downloaded to your computer/device to enable completion and submission
- 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 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/ Designate to the National Nurse and Midwife Medicinal Product Prescribing Team for review
- Please do not copy and paste or autofill onto this form, do not use any abbreviations or acronyms
- Please read the Nurse and Midwife Medicinal Product Prescribing Toolkit “Application Guidelines For The Education Programmes” by clicking the following link: **Sponsorship of Nurse & Midwife Medicinal Product Prescribing Education Programme - healthservice.ie**
- Please read the terms and conditions outlined in the HSE HR Circular 020/2014 “Sponsorship of Nursing/Midwifery Education Initiatives” by clicking the following link: **Sponsorship of Nurse & Midwife Medicinal Product Prescribing Education Programme - healthservice.ie**
- 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:
fundingnursemidwife.prescribing@hse.ie

Section one - personal details

- 1.1 Surname as per NMBI Registration
- 1.2 First Name as per NMBI Registration
- 1.3 Employee Number / Personnel Number 1.4 NMBI No.
- 1.5 Email Address
- 1.6 Mobile Telephone Number
- 1.7 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 ONMSD Nurse/Midwife Medicinal Product Prescribing initiative Yes ☐ No ☐

ONMSD April 2024

1.8 Please state full name of work location

Eircode

1.9 Current Job Title

1.10 Clinical Area/
Specialty

Other, please
specify here

1.11 Do you require a Work Visa/Permit to work in Ireland?

Yes

☐

No

☐

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

Section two - proposed programme of study

2.1 Name of Higher Education Institution (HEI)

2.2 Programme
Commencement Date

Section three – Prescribing Site Coordinator (PSC) details/link person for prescribing in your service

3.1 First Name

3.2 Last Name

3.3 NMBI No.
(if applicable)

3.4 Work Email

3.5 Work Telephone
Number

Section four - 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 & Learning Contract for Post Registration Education under the Sponsorship of Nursing/Midwifery Third Level Nursing Initiatives (HSE Circular 020/2014) must be completed by the candidate at local health service provider level. The application form must be submitted by the identified closing date to **fundingnursemidwife.prescribing@hse.ie** and approved by the Nurse and Midwife Medicinal Product Prescribing team within the ONMSD prior to applying for and commencing any formal academic studies.

On successful completion of the education programme I will be required to:

- a) Provide my employing agency with evidence of my successful completion of the programme as per HSE HR Circular 020/2014 Section 9

I understand that proposed leave entitlements will be subject to staffing demands at the time. I further agree that the entirety of the programme fees paid by the HSE on my behalf will immediately become due and owing by me to the HSE if I:

- b) Do not complete the programme successfully within the time frame designated by the relevant HEI
- c) Cease employment with the HSE before I have successfully completed the programme
- d) Cease employment with the HSE at any time following successful completion of the programme within the period of twelve months or for the length of the academic programme undertaken
- e) Defer my place and do not commence the programme as per the HEI's policy and requirements on their deferral process. I understand that no funds will be provided for repeat modules, units of study, deferrals or examination fees. Such fees will be borne by me.

I agree to the Nurse and Midwife Medicinal Product Prescribing team within the ONMSD 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 Nurse and Midwife Medicinal Product Prescribing team within the ONMSD in accordance with GDPR and Data Protection Regulations.

☐

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 name as per NMBI only, digital signature not possible.

Date

You should now save this form and forward as an email attachment to your Director of Nursing/ Midwifery/Service Manager/Head of Service.

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

Section five - Director of Nursing/Midwifery/Service Manager/Head of Service approval and sign off

Note to Director of Nursing/Midwifery/Service Manager/Head of Service:

- Please enter name, grade, NMBI number (if applicable), email address, telephone number and date below
- Click 'SUBMIT' below to forward the form for review and approval by the Nurse and Midwife Medicinal Product Prescribing team within the ONMSD
- When prompted please click 'Continue' this will generate an email with the form attached.

You will receive an acknowledgement email once the application is received.

5.1 First Name

5.2 Surname

5.3 Job Title

5.4 NMBI No.
(if applicable)

5.5 Email Address

5.6 Work Telephone No.

5.7 Date

Submit

Should you have any queries regarding completion of this form please email fundingnursemidwife.prescribing@hse.ie