



Funding Application Form

Nurse and Midwife Medicinal Product Prescribing Education Programme (Standalone)

- 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/>
- The person seeking to undertake the programme first completes sections one to four of this form. Save the form and send it to your line manager for them to complete section five. Your Director must complete section six and submit the application 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/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**
- The application form must be submitted by the Director. We are unable to accept applications directly from applicants.
- 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	<input type="text"/>		
1.2 First Name as per NMBI Registration	<input type="text"/>		
1.3 Employee Number / Personnel Number	<input type="text"/>	1.4 NMBI No.	<input type="text"/>
1.5 Email Address	<input type="text"/>		

1.6 Telephone Number

1.7 Home address for correspondence (when necessary)

Home Eircode

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 ONMSD Nurse/Midwife Medicinal Product Prescribing initiative Yes No

1.9 Please state full name and address of work location, i.e. name of hospital / name of community service

Eircode

1.10 Which HSE Health Region do you work in?

1.11 Current Job Title

1.12 Clinical Area/ Specialty

Other, please specify here

1.13 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 Title

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

2.3 Programme
Commencement Date

2.4 Programme Fee

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 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 **fundingenursemidwife.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.

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 complete and resubmit a new funding application form.

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.

Repayments shall be made through my employing agency.

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.

Note: Please type name as per NMBI only, digital signature not possible.

Name

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

Date

You should now save this form and forward as an email attachment to your line manager.

We are unable to accept applications directly from applicants.

When the form is submitted by your Director, your Director will receive an acknowledgment email from **fundingenursemidwife.prescribing@hse.ie**.

You will receive an acknowledgment email from **therefore.workflow@hse.ie** when your application is being considered.

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

Section five - Line Manager's Declaration of Understanding

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

5.1 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

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.

5.2 First Name

5.3 Surname

5.4 Email Address

5.5 Telephone Number

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

5.6 Date

5.7 NMBI No
(if applicable)

5.8 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 to approve and submit.

Section six - 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, job title, NMBI number (if applicable), email address, telephone number and date below
- Click 'SUBMIT' button below to forward the form for review and approval by the Nurse and Midwife Medicinal Product Prescribing team within the ONMSD
- Select 'default' email and 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.

6.1 First Name

6.2 Surname

6.3 Job Title

6.4 NMBI No.
(if applicable)

6.5 Email Address

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

6.6 Telephone Number

6.7 Date

Director please click 'Submit' button below to send form for approval.

Submit

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