**Form 2: Application for ONMSD/NMPDU Support for e-Learning/On Line Initiative**



Please contact HSeLanD ([support@HSeLanD.ie](mailto:support@hseland.ie)) for a detailed review of project requirements. The HSeLanD team will also support you in the completion of this Form 2 Application, including the projected costs for the project.



Overview

|  |  |
| --- | --- |
| Programme/Initiative Aim:  *1-2 sentences only* | The aim of the programme/initiative is to: |
| Learning Outcomes:  *Please enter up to 5 learning outcomes* | **This programme/initiative will enable learners to:** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

**Proposed Project Team**

**Project Sponsor**

|  |  |
| --- | --- |
| Name and title: | |
| Email: | **Tel:** |

**Project Lead**

|  |  |
| --- | --- |
| Name and title: | |
| Email: | **Tel:** |
| Qualifications: | **NMBI PIN:** |

**Lead Subject Matter Expert**

|  |  |
| --- | --- |
| Name and title: | |
| Qualifications: | **NMBI PIN:** |

**Other personnel involved in the project**

|  |  |  |
| --- | --- | --- |
| Name and title: |  | |
| Qualifications: | | **NMBI PIN:** |

|  |  |  |
| --- | --- | --- |
| Name and title: |  | |
| Qualifications: | | **NMBI PIN:** |

|  |  |  |
| --- | --- | --- |
| Name and title: |  | |
| Qualifications: | | **NMBI PIN:** |

**Breakdown of costs**

|  |  |
| --- | --- |
| *Please attach a copy of the HSeLanD quotation* | Estimated Costs € |
| TOTAL COST |  |
|  |
|  |
|  |
|  |

**Target Audience**

|  |  |
| --- | --- |
| Who is the Target Audience? |  |
| Approximately how many learners will access the programme per annum? |  |

Please outline the source and amount of any other funding/sponsorship to support development of the programme/initiative

|  |
| --- |
|  |

Please forward completed form and quotation to the ONMSD or your local Director NMPDU.

|  |  |  |  |
| --- | --- | --- | --- |
| *NMPDU Form 2 Submission Approval* | | | |
| *By submitting this application for consideration to the ONMSD and HSeLanD Digital Learning Governance Group I am agreeing to fund and provide oversight to this initiative in the event that it is recommended to be a regional programme.* | | | |
| *Name of NMPDU:* | ***Director Signature:*** | | ***Date:*** |
| *ONMSD and HSeLanD Digital Learning Governance Group Submission Recommendation* | | | |
| *National Programme* | | *Yes/No :* | |
| *If yes Signature of GM ONMSD:* | |  | |
| *Regional Programme* | | *Yes/No:* | |
| *If Yes Name of NMPDU Director:* | |  | |
| *Signature of Chair:* | | *Signature of HSeLanD Manager:* | |