

## 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)

- Please open attached PDF application form and save as your First name and Surname to your computer
  - Applicant** must type in all fields - from **Section 1.1 to 4.1**
  - 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"
- All mandatory fields as highlighted below with a red border  must be typed in

**1.1** Last Name

**1.2** First Name

**1.3** Employee Number

**1.4** NMBI 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, the work of the NMPDU, ONSD, Dept of Health & for evaluation purposes.  
 Yes, I agree  No, I do not agree

**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

**1.16** Name of Specialist Programme

**1.17** Date of commencement of programme

**1.18** Qualification Obtained

**1.19** HSE where programme was completed

**1.20** Who funded programme?

**2.1** Course Title

**2.2** Conferring Institution

**2.3** Clinical  Non Clinical

**2.4** NMBI approved course? Yes  No

**2.5** Qualification obtainable

**2.6** NQO Level

**2.7** Which year of the programme are you seeking funding for - please select from drop down

**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 a candidate is applying for a Master's Degree related to an Advanced Nurse Practitioner (ANP) Role Development has the applicant been successfully appointed as a Candidate ANP? Yes  No

**2.17** Please outline the specialist area of practice

**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 this 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/service area? 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  
 Yes  No

**4.1** I understand that any financial support made available to me for my programme of study will be subject to the following conditions:

**4.2** I confirm that:  
 the applicant has a satisfactory service record  
 the terms of the applicant's contract of employment allows him/her to fulfil the service commitment associated with sponsorship  
 the applicant is currently registered with the NMBI  
 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

**4.3** Line Manager Name

**4.4** Date

**4.5** Line Manager Tel

**4.6** Line Managers Email

**5. Director of Nursing/Midwifery Approval and sign-off**

**5.1** Director of Nursing/Midwifery

**5.2** Date

**5.3** Director of Nursing/Midwifery

**5.4** Email address

**5.5** Director of Nursing/Midwifery - Please click submit button below to send form to NMPDU for approval

**5.6** Director of Nursing/Midwifery (Signature)

**5.7** Director of Nursing/Midwifery (Signature)

**5.8** Director of Nursing/Midwifery (Signature)

**5.9** Director of Nursing/Midwifery (Signature)

**5.10** Director of Nursing/Midwifery (Signature)

**5.11** Director of Nursing/Midwifery (Signature)

**5.12** Director of Nursing/Midwifery (Signature)

**5.13** Director of Nursing/Midwifery (Signature)

**5.14** Director of Nursing/Midwifery (Signature)

**5.15** Director of Nursing/Midwifery (Signature)

**5.16** Director of Nursing/Midwifery (Signature)

**5.17** Director of Nursing/Midwifery (Signature)

**5.18** Director of Nursing/Midwifery (Signature)

**5.19** Director of Nursing/Midwifery (Signature)

**5.20** Director of Nursing/Midwifery (Signature)

**5.21** Director of Nursing/Midwifery (Signature)

**5.22** Director of Nursing/Midwifery (Signature)

**5.23** Director of Nursing/Midwifery (Signature)

**5.24** Director of Nursing/Midwifery (Signature)

**5.25** Director of Nursing/Midwifery (Signature)

**5.26** Director of Nursing/Midwifery (Signature)

**5.27** Director of Nursing/Midwifery (Signature)

**5.28** Director of Nursing/Midwifery (Signature)

**5.29** Director of Nursing/Midwifery (Signature)

**5.30** Director of Nursing/Midwifery (Signature)

**5.31** Director of Nursing/Midwifery (Signature)

**5.32** Director of Nursing/Midwifery (Signature)

**5.33** Director of Nursing/Midwifery (Signature)

**5.34** Director of Nursing/Midwifery (Signature)

**5.35** Director of Nursing/Midwifery (Signature)

**5.36** Director of Nursing/Midwifery (Signature)

**5.37** Director of Nursing/Midwifery (Signature)

**5.38** Director of Nursing/Midwifery (Signature)

**5.39** Director of Nursing/Midwifery (Signature)

**5.40** Director of Nursing/Midwifery (Signature)

**5.41** Director of Nursing/Midwifery (Signature)

**5.42** Director of Nursing/Midwifery (Signature)

**5.43** Director of Nursing/Midwifery (Signature)

**5.44** Director of Nursing/Midwifery (Signature)

**5.45** Director of Nursing/Midwifery (Signature)

**5.46** Director of Nursing/Midwifery (Signature)

**5.47** Director of Nursing/Midwifery (Signature)

**5.48** Director of Nursing/Midwifery (Signature)

**5.49** Director of Nursing/Midwifery (Signature)

**5.50** Director of Nursing/Midwifery (Signature)

**5.51** Director of Nursing/Midwifery (Signature)

**5.52** Director of Nursing/Midwifery (Signature)

**5.53** Director of Nursing/Midwifery (Signature)

**5.54** Director of Nursing/Midwifery (Signature)

**5.55** Director of Nursing/Midwifery (Signature)

**5.56** Director of Nursing/Midwifery (Signature)

**5.57** Director of Nursing/Midwifery (Signature)

**5.58** Director of Nursing/Midwifery (Signature)

**5.59** Director of Nursing/Midwifery (Signature)

**5.60** Director of Nursing/Midwifery (Signature)

**5.61** Director of Nursing/Midwifery (Signature)

**5.62** Director of Nursing/Midwifery (Signature)

**5.63** Director of Nursing/Midwifery (Signature)

**5.64** Director of Nursing/Midwifery (Signature)

**5.65** Director of Nursing/Midwifery (Signature)

**5.66** Director of Nursing/Midwifery (Signature)

**5.67** Director of Nursing/Midwifery (Signature)

**5.68** Director of Nursing/Midwifery (Signature)

**5.69** Director of Nursing/Midwifery (Signature)

**5.70** Director of Nursing/Midwifery (Signature)

**5.71** Director of Nursing/Midwifery (Signature)

**5.72** Director of Nursing/Midwifery (Signature)

**5.73** Director of Nursing/Midwifery (Signature)

**5.74** Director of Nursing/Midwifery (Signature)

**5.75** Director of Nursing/Midwifery (Signature)

**5.76** Director of Nursing/Midwifery (Signature)

**5.77** Director of Nursing/Midwifery (Signature)

**5.78** Director of Nursing/Midwifery (Signature)

**5.79** Director of Nursing/Midwifery (Signature)

**5.80** Director of Nursing/Midwifery (Signature)

**5.81** Director of Nursing/Midwifery (Signature)

**5.82** Director of Nursing/Midwifery (Signature)

**5.83** Director of Nursing/Midwifery (Signature)

**5.84** Director of Nursing/Midwifery (Signature)

**5.85** Director of Nursing/Midwifery (Signature)

**5.86** Director of Nursing/Midwifery (Signature)

**5.87** Director of Nursing/Midwifery (Signature)

**5.88** Director of Nursing/Midwifery (Signature)

**5.89** Director of Nursing/Midwifery (Signature)

**5.90** Director of Nursing/Midwifery (Signature)

**5.91** Director of Nursing/Midwifery (Signature)

**5.92** Director of Nursing/Midwifery (Signature)

**5.93** Director of Nursing/Midwifery (Signature)

**5.94** Director of Nursing/Midwifery (Signature)

**5.95** Director of Nursing/Midwifery (Signature)

**5.96** Director of Nursing/Midwifery (Signature)

**5.97** Director of Nursing/Midwifery (Signature)

**5.98** Director of Nursing/Midwifery (Signature)

**5.99** Director of Nursing/Midwifery (Signature)

**5.100** Director of Nursing/Midwifery (Signature)

- 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 you may type it in.
  - **Section 1.14** (Work Visa) If you answer “yes” to this question you will be required to provide evidence that the terms of your work visa and contract are of sufficient length to allow you to fulfil the service requirement associated with sponsorship. (See Declaration of Understanding)
  - **Section 4.1** (Conditions) Please read the declaration of Understanding and **Tick ✓** the box to indicate your acceptance of the Conditions and type your name and the date.
4. **Review the form carefully to ensure that you have typed in the data in all mandatory fields (highlighted with a red border).** *Please note if a mandatory field is left blank your Director of Nursing/Midwifery/Head of Service will not be able to submit the funding application.*
  5. **Save the form** and email as an attachment to your **line manager to complete** “Line Manager’s Declaration of Understanding” **Section 4.2**
  6. Your **Line Manager** must email the form as an attachment to your **Director of Nursing/Midwifery who will submit the form on your behalf to NMPDU for approval**
  7. **Please note that your Director will be unable to submit the application form if there are incomplete fields on the form.**

If you have any queries in relation to this please contact Jennifer O’Shaughnessy/Sheila Browne: \_

[jennifer.oshaughnessy@hse.ie](mailto:jennifer.oshaughnessy@hse.ie) 087 4545568 / [sheila.browne@hse.ie](mailto:sheila.browne@hse.ie), 086 8121578