



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# ***NURSING AND MIDWIFERY PLANNING AND DEVELOPMENT UNIT (NMPDU)***



## ***APPLICATION FORM FOR SPONSORSHIP OF 3<sup>RD</sup> LEVEL FEES FOR NURSES AND MIDWIVES***

***Carlow/Kilkenny/South Tipperary/ Waterford/Wexford***

## TYPES OF EDUCATION PROGRAMMES CONSIDERED FOR FUNDING

<b>NMBI Approved Post Registration Programmes. These are:</b>	Minor Special Supplemental Awards Stand Alone Modules Certificate Diploma Degree Post Graduate Diploma Graduate Certificate Graduate Diploma Masters Degree Programme Year 1*	Applications accepted all year round. No closing date applies.
<i>*Some NMBI approved Masters Degree programmes allow a student to exit with a Post-Graduate Diploma on completion of year one. In these cases the Post-Graduate Diploma year of an NMBI approved Masters will be funded.</i>		

<b>Non- NMBI approved Post Registration Programmes. These are:</b>	Minor Special Supplemental Awards Stand Alone Modules Certificate Diploma Degree Post Graduate Diploma Graduate Certificate Graduate Diploma Non NMBI approved Masters Degree Programmes <b>Year 2 of ALL Masters Degree Programmes</b>	A closing date applies to these applications. Applications will be reviewed by a Selection Panel and applicants subsequently notified of decision re funding.  <b><u>Closing date for receipt of funding applications is 15<sup>TH</sup> JUNE for courses commencing within the following 12 months.</u></b>
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### PLEASE NOTE:

**Incomplete application forms will not be accepted.**

**Please pay particular attention to**

- **Section 4** – must be completed by your Director of Nursing/Midwifery (DON/M).
- **Section 6** – to be completed and signed by YOU in the presence of your DON/M or other designated person.
- **Section 7** – to be completed and signed by you and your DON/M **ONLY** if the funding application is in relation to the development of ANP/AMP Service Development.

**For any queries in relation to completing this form contact the Nursing and Midwifery Planning and Development Unit, Office Complex, Kilcreene Hospital Campus, Kilkenny.**

Tel: (056) 7785629 [nmpdukilkenny@hse.ie](mailto:nmpdukilkenny@hse.ie)

**Completed applications should be returned to: Nursing & Midwifery Planning & Development Unit, Office Complex, Kilcreene Hospital Campus, Kilkenny. [nmpdukilkenny@hse.ie](mailto:nmpdukilkenny@hse.ie)**

**N.B. The closing date for consideration of non-NMBI approved courses and Masters Degree programmes is 15<sup>th</sup> June for courses commencing within the following 12 months.**

## The Role of the Applicant

As an applicant it is your responsibility to:

- choose a proposed course of study that is in line with your career development and with the needs of the department/organisation;
- investigate courses of study and ensure that the proposed course is the most appropriate one;
- arrange a meeting with your Line Manager, Assistant Director of Nursing/Midwifery and Director of Nursing/Midwifery to discuss the application for support. In advance of this meeting you should fill out the form ***in draft*** so that you have considered your responses to some of the questions;
- accept and (if necessary) clarify the feedback and advice that your Line Manager may give you in relation to the application;
- be adaptable – perhaps you need to do some preparation/a pre-course in advance of the proposed course? Be open to such ideas;
- commit to any course for which it is agreed you will receive support. You should fully understand the commitment required and be prepared to maximise the benefit of this course both for yourself and for the department/organisation. This will involve sharing your learning with others in the team etc.

## The Role of the Director of Nursing/Midwifery and Line Manager

As Director of Nursing/Midwifery and Line Manager it is your responsibility to:

- ensure a meeting is held between you and the applicant in order to discuss the application;
- prepare for this meeting by working through the form and the applicant's service history considering what you would like to contribute and anticipating reactions;
- offer advice and guidance to the applicant, considering both their best interests and the interests of the department/team/service area;
- come to an appropriate and realistic decision as to whether or not the application will be supported. If it is not to be supported, the reasons should be clear and specific. Alternative development actions should be agreed with the individual.
- If the applicant is to be supported agree specific methods of sharing of learning within the applicant's service area.

SECTION 1		APPLICANT DETAILS			
Surname		First Name		Maiden Name	
HSE Employee No.			NMBI PIN No.		
Home Address					
Phone No.		Mobile No.		E-mail address	
Work Location					
Department/ Area of Practice/Clinical Specialty					
Employee Grade e.g. Staff Nurse, CMM					
EMPLOYMENT BASIS: <i>Please place an X in the box provided</i>				PERMANENT	
				TEMPORARY	
ARE YOU EMPLOYED ON A CONTRACT BASIS? <i>Please place an X in the box provided.</i>				YES	
				NO	
If "YES" above please insert contract expiry date:					
DO YOU REQUIRE A WORK VISA/AUTHORISATION FOR EMPLOYMENT IN THE STATE? <i>Please place an X in the box provided</i>				YES	
				NO	
If "YES" above please insert Visa/Authorisation Expiry Date:					
<b>Note:</b> Applicants requiring a work visa/authorisation for employment in the State must provide evidence that their visa/authorisation allows them to fulfil the service commitment required under the terms of the sponsorship HSE HR Circular 020/2014, Conditions, Part 1: Eligibility. <a href="http://www.hse.ie/eng/staff/Resources/HR_Circulars/circ2014.pdf">http://www.hse.ie/eng/staff/Resources/HR_Circulars/circ2014.pdf</a>					

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Eligibility Criteria Fulfilled	HEI	Course	NMBI Expiry Date	Decision

**SECTION 2****PREVIOUS ACADEMIC STUDY/QUALIFICATIONS***PLEASE LIST QUALIFICATIONS OBTAINED FROM PREVIOUS ACADEMIC STUDY*

<b>QUALIFICATION</b> <i>Masters, PG Dip, Degree, Diploma, Module etc.</i>	<b>SUBJECT/SPECIALTY</b>	<b>HIGHER EDUCATION INSTITUTE (HEI)/CONFERRING INSTITUTION</b>	<b>DATE OBTAINED</b>	<b>SPONSORED BY HSE TO UNDERTAKE PROGRAMME YES/NO</b>

SECTION 3		DETAILS OF PROPOSED COURSE OF STUDY	
3.1	<b>COURSE TITLE</b> <i>Please give full programme title</i>		
3.2	<b>HIGHER EDUCATION INSTITUTION (HEI)</b>		
3.3	<b>QQI LEVEL OF PROGRAMME</b>		
3.4	<b>COURSE CODE</b> <i>(As per HEI)</i>		
3.5	<b>COURSE DURATION</b> <i>(Academic years)</i>		
3.6	<b>IF COURSE DURATION IS GREATER THAN ONE ACADEMIC YEAR PLEASE INDICATE THE YEAR OF FUNDING BEING APPLIED FOR</b> <i>Please place an X in the box provided</i>	YEAR 1	
		YEAR 2	
3.7	<b>FEES PER ANNUM</b> <i>(EU/EEA Citizen Rate)</i>		
3.8	<b>COURSE START DATE</b>		
3.9	<b>IS THE COURSE RELEVANT TO YOUR AREA OF PRACTICE?</b> <i>Please place an X in the box provided</i>	YES	
		NO	
3.10	<b>IS THE COURSE ALIGNED TO THE PATIENT AND SERVICE NEEDS OF YOUR ORGANISATION?</b> <i>Please place an X in the box provided</i>	YES	
		NO	
3.11	<b>WILL THERE BE A REQUIREMENT TO TAKE TIME OFF TO ATTEND THE COURSE?</b> <i>Please place an X in the box provided</i>	YES	
		NO	
	If "YES" FOR 3.11 above please give details		
3.12	<b>DOES THE COURSE HAVE NMBI APPROVAL?</b> <i>Please use the link below to check</i> <a href="http://www.nmbi.ie/Education/post-registration-courses">http://www.nmbi.ie/Education/post-registration-courses</a>	YES	
		NO	
3.13	<b>HAVE YOU APPLIED FOR, OR ARE YOU IN RECEIPT OF FUNDING FROM ANOTHER SOURCE?</b>	YES	
		NO	
	If "YES" for 3.13 above please give details		

<b>SECTION 4</b>	<b>TO BE COMPLETED BY LINE MANAGER AND DIRECTOR OF NURSING/MIDWIFERY</b>
<b>APPLICANT NAME</b>	

<b>4.1</b>	<b>COMPLIANCE WITH SPONSORSHIP CONDITIONS – Confirmation by DON/M.</b>
I confirm that the above named fulfils the sponsorship conditions outlined below. <i>Please place an X in the box provided to confirm compliance.</i>	
	has a satisfactory service record
	Is currently registered with the NMBI
	the proposed course of study is relevant to his/her area of practice <u>and/or</u>
	the proposed course of study is aligned to our patient and service needs
	the terms of his/her contract of employment allows him/her to fulfil the service commitment associated with sponsorship – See Section 6 Sponsorship Agreement/Learning Contract
	I understand that any leave associated with attendance on this programme will be met from existing services resources. Agreed leave outlined below.

<b>4.2</b>	<b>CONFIRMATION BY DIRECTOR OF NURSING/MIDWIFERY – COMPLIANCE WITH SPONSORSHIP AGREEMENT.</b> <i>Please place an X in the box provided to confirm compliance.</i>
	I undertake to ensure compliance with the applicant's Sponsorship Agreement/Learning Contract as outlined in <b>SECTION 6</b> of this application.
	I undertake to notify the NMPDU if the terms of the Sponsorship Agreement/Learning Contract as outlined in <b>SECTION 6</b> are not fulfilled.

<b>4.3</b>	<b>LEAVE AGREED</b> <i>(Local agreement).</i>
The following leave has been agreed with the applicant and will be met from existing resources	Agreement on how leave will be implemented (i) rostered to suit leave required (ii) time off to attend course (iii) combination of employee/employers time

<b>LINE MANAGER SIGNATURE*</b>	<b>DIRECTOR OF NURSING/MIDWIFERY SIGNATURE*</b>
PRINT NAME	PRINT NAME
Date:	Date:

*\*Both signatures required*

SECTION 5		FUNDING IN EXCEPTIONAL CIRCUMSTANCES	
<p><i>Section 5 to be completed by Director of Nursing/Midwifery <b>ONLY</b> in cases where an applicant has received funding for a Specialist Course within the last 36 months and/or the current funding application is based on a specific service need.</i></p>			
<p>I support this funding application acknowledging the applicant has received prior funding within the last 36 months. My support for this application is based on the following service need:-</p>			
DIRECTOR OF NURSING/MIDWIFERY SIGNATURE		DIRECTOR OF NURSING/MIDWIFERY PRINT NAME	DATE



<b>SECTION 6</b>	<b>SPONSORSHIP AGREEMENT/LEARNING CONTRACT*</b>		
<b>APPLICANT NAME</b>		<b>EMPLOYEE NO.</b>	
<b>HOME ADDRESS</b>			
<b>COURSE TITLE</b>		<b>START DATE</b>	
<b>NAME OF HEI</b>			
<b>I the above named intend to pursue the programme of education outlined above. In return for my course fees being paid for me by the Health Service Executive, I hereby undertake the following:</b> <i>Please place an X in the box provided to confirm acceptance of conditions of sponsorship.</i>			
	I will attend in full the programme with proper diligence and will undergo such examination and tests as may be prescribed in or required by the programme curriculum with a view to successfully completing the programme.		
	I will immediately after successful completion of the education programme, continue to work for my employing agency for a minimum period of twelve months or for the length of the academic course undertaken, whichever is longer.		
	I will provide evidence to the HSE of my successful completion of the education programme.		
	I understand that I shall be liable to repay the course fees to the Health Service Executive if I cease employment with my employing agency within a period of twelve months after completion of the course or for the length of time of the academic course undertaken.		
	I understand that I shall be liable to repay the course fees to the Health Service Executive if I discontinue the course or otherwise do not complete the course.		
	I understand that no funding will be provided for repeat module(s)/units of study or examination(s).		
	I understand that the proposed leave entitlements (as outlined in Section 4.3 of this application) will be subject to staffing demands at the time and subject to approval of local management.		
	I agree to notify my Director of Nursing/Midwifery and the Nursing and Midwifery Planning and Development Unit if I do not commence the course or discontinue the course at any stage.		
	<b>For Masters Programmes only.</b> I agree to submit my completed dissertation or thesis onto LENUS, the Irish Health Repository. <a href="http://www.lenus.ie">http://www.lenus.ie</a>		
<b>APPLICANTS SIGNATURE</b>		<b>DATE</b>	

In the presence of

<b>SIGNATURE:</b> Director of Nursing/ Midwifery or designated person.		<b>DATE</b>	
<b>Please print name also</b>			

*\*A copy of this contract is sent to applicant when funding is approved thus the need for some duplication.*

<b>SECTION 7</b>	<b><i>ANP/AMP PATHWAY DEVELOPMENT</i></b>
<p><i>This section <b>ONLY</b> to be completed by Nurses/Midwives on an ANP/AMP Pathway</i></p>	

<b>APPLICANT NAME</b>			
<b>7.1</b>	<b>NAME OF ANP/AMP SERVICE BEING DEVELOPED</b>		
<b>7.2</b>	<b>DOES THE SERVICE HAVE FINANCIAL APPROVAL FOR THE POST?</b> <i>Please place an X in the box provided</i>	<b>YES</b>	
		<b>NO</b>	
<b>7.3</b>	<b>DOES THE SERVICE HAVE WTE APPROVAL FOR THE POST?</b> <i>Please place an X in the box provided</i>	<b>YES</b>	
		<b>NO</b>	
<b>7.4</b>	<b>ARE YOU THE DESIGNATED ANPcandidate/AMPcandidate FOR THIS POST?</b> <i>Please place an X in the box provided</i>	<b>YES</b>	
		<b>NO</b>	

<b>I confirm the above to be true and correct</b>			
<b>APPLICANTS SIGNATURE</b>		<b>DATE</b>	
<b>DON/M SIGNATURE</b>		<b>DATE</b>	

**SECTION 8**

**COMPLETION OF THIS SECTION MAY BE REQUIRED BY YOUR DIRECTOR OF NURSING/MIDWIFERY TO ASSIST IN SERVICE PLANNING. This information is not REQUIRED BY THE NMPDU.**

**8.1****How will this course benefit:-****(a) Your current service area?****(b) Current or future service development in your area of work?****(c) Your career aspirations?**

<b>8.2</b>	<b>What do you expect to gain (a) personally and (b) professionally from this course?</b>
<b>8.3</b>	<b>How will learning be shared: Detail a minimum of three methods through which you will share your learning in your hospital/area of service and how and when you plan to do this?</b>