**Application Form for**

**Formal Academic studies Funding**

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| Applicant name: | | | | |
| Programme Title *(as per HEI):* | | | | |
| Qualification Obtainable: | | | Conferring Institution: | |
| Course Code: |  | | Programme Start Date: | |
| Programme Duration: \_\_\_\_\_\_\_\_\_ academic year (s) | | | No. Weeks/Months Per Year: | |
| Programme Fee: | | € in total | | € per year |
| Please attach (i) course outline and (ii) evidence of fee correspondence, as produced by your course provider | | | | |

***This is an important document; please ensure that you retain a copy for your records***

**GDPR Compliance  
Your address, mobile number & email are requested to enable us to manage all matters relating to this application. Signature of this form indicates your consent to use your contact details in relation to this programme. This information will be recorded on a database.**

*For office use only*

Date incomplete application returned to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application form incomplete □

Application not signed □

Supporting correspondence as produced by course provider was not provided by the applicant □

Other (please specify) □

Returned to applicant on:

Reason for return:

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| **Support for Formal Academic Study – The Learning CONTRACT** | | | | | | | | |
| *This form has been developed to facilitate a discussion between an individual applying for support in pursuit of Formal Academic Study and their line manager. It is envisaged that both the applicant and the line manager complete the form together and submit to the Centre for Nursing and Midwifery Education.* | | | | | | | | |
| **All sections must be completed or the form will be returned to you** | | | | | | | | |
| **1. Section One – Applicant background Information *(Please print in BLOCK CAPITALS)*** | | | | | | | | |
| 1.1 Surname: | | | | 1.2 First Name(s): | | | | |
| 1.3 Work Address: *(include Department Name)* | | | | 1.4 Address for correspondence: | | | | |
| 1.5 NMBI PIN Number: | | | | 1.6 HSE Personnel Number: | | | | |
| 1.7 Date of Birth: \_ \_ /\_ \_ /\_ \_ *Unique identifier between relevant HEI and HSE* | | | | | | | | |
| 1.8 Mobile No:  (*This number will be used to make contact with you in relation to this application)* | | | | | | | | |
| 1.9 Work Tel No: | | | 1.10 Email Address: | | | | | |
| 1.11 Current Job Title: | | | | | | | | |
| 1.12 Length of Time in Current Role: | | | | | | | | |
| 1.13 Line Managers Name: | | | | | 1.14 Line Managers Job Title: | | | |
| 1.15 Line Managers Tel. No.: | | | | | 1.16 Line Managers Email Address: | | | |
|  | | | | | | | | |
| **2. Section Two – Previous Academic Qualifications** | | | | | | | | |
| 2.1 Please List Previous Academic Qualifications Obtained | | | | | | | | |
| **Programme Title** | | **Qualification** | | | | **Conferring Body** | **Date Obtained** | **Were you sponsored by HSE to undertake this study?** |
|  | |  | | | |  |  |  |
| 2.2 Have you received HSE funding for post registration education within the past 36 months?  **Yes**  **No**   If yes, please elaborate: | | | | | | | | |
| **3. Section three – Learning Contract** | | | | | | | | |
| 3.1 How do you envisage this programme of education contributing specifically to your area of work and your career development? | | | | | | | | |
| 3.2 Please demonstrate how learning from this programme will be applied in your area of clinical practice. | | | | | | | | |
| 3.3 What project work will be undertaken as part of this programme (including Dissertations). How will this project work be linked with the organisation/service area? Where possible, state proposed project titles and plans. | | | | | | | | |
| **4. Section four – Agreement on Recommended Support and Learning Contract** | | | | | | | | |
| We (the line manager and applicant) propose and agree the following. We understand that the details below are ***proposed*** only and must be signed off by the Director of Nursing & Midwifery (or delegated person). | | | | | | | | |
| 4.1 Study Leave discussed and agreed **Yes**  ** No** **** | | | | | | | | |
| Please comment: | | | | | | | | |
| 4.2 Exam Leave discussed and agreed **Yes**  ** No** **** | | | | | | | | |
| Please comment: | | | | | | | | |
| I agree with the above. I understand that proposed leave entitlements (as outlined above) will be subject to staffing demands at the time.  *(Please note that Study Leave and Exam Leave is a local issue, and is not processed through the CNME)* | | | | | | | | |
| 4.3 Agreed Learning Contract – Please tick and give details | | | | | | | | |
| Is proposed Dissertation/Project related to Service Area/Organisation: **Yes**  ** No** **** | | | | | | | | |
| I agree that completed dissertations/projects/etc are made available to the HSE: **Yes  No ** | | | | | | | | |
| 4.4 Where a candidate is applying for a Masters Degree related to Advanced Nurse/Midwifery Practitioner (AN/MP) role development, has the applicant been recruited/appointed as a Candidate AN/MP?  **Yes  No **  If yes, please outline the specialist area of advanced practice:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 4.5 Line Manager Declaration (or delegated authority authorised by DON/M)  **I have held a discussion with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ regarding this application.**  **I am satisfied that the applicant fulfils the service requirement for this sponsorship as per HSE HR Circular 020/2014 and/or funding approved by the ONMSD/CNME Board of Management.**  Name*(in block capitals)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **4. Section four – Agreement on Recommended Support and Learning Contract continued** | | | | | | | | |
| **4.6 Applicants Declaration of Understanding 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 for Formal Academic Study and official programme outline must be submitted and approved by the Centre of Nursing/Midwifery Education (CNME) prior to commencing any formal academic studies.  If I have already commenced my programme of study without prior approval for funding, the CNME will not process my late application.  If my programme of study extends beyond one academic/calendar year, it will be necessary for me to apply in writing to the CNME for funding for the second and any subsequent year.  On immediate completion of one academic/calendar year part time programme, I will be required to provide the CNME with a copy of my year 1/ final examination results.  As per HSE HR Circular 020/2014 page 2 point 3, ‘successful applicants for sponsorship will be required to give a written undertaking to their employing public health service agency that they will, following successful completion of the programme, work for their employing agency for a minimum period of twelve months or for the length of the academic course undertaken, whichever is longer.’ Therefore, on immediate completion of one academic/calendar year part time programme, I will be required to continue working in my employing public health service agency for one year (12 months); or on immediate completion of a two year academic/calendar year part time programme, I will continue to work for my employing public health service agency for two years (24 months); and so on.  I shall be liable for any fee due to the HEI if I withdraw from the programme following registration and prior to the HSE having paid the HEI.  I shall be liable to repay the programme fees to the HSE if:   * I withdraw from the programme after the HSE has paid fees to the HEI * I do not complete my programme within 5 years of commencement or * After the completion of my programme I cease working in my employing public health service agency and have not worked for a minimum period of 12 months or for the length of the academic course undertaken, whichever is longer or * I defer my place on this programme, and do not complete the programme within 5 years and programme fees have been paid.   I will notify the CNME & DoN/M in writing should I:   * not accept my place on the programme * defer my place on the programme * discontinue the programme or * change length of programme, i.e., from full time to part time   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 submit my completed dissertation or thesis (Masters/PhD programmes) onto LENUS accessible at <http://www.lenus.ie/hse>   * I agree that the CNME can contact the HEI to (i) confirm that I have accepted, commenced and successfully completed the programme using my name / DOB / Student number as unique identifier and (ii) verify registration and fees. * I agree that an electronic record of this information can be kept.   **I agree with all of the above (Section 1 – 4 inclusive)  Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HSE Personnel No: \_\_\_\_\_\_\_\_\_\_ NMBI No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **4. Section four – Agreement on Recommended Support and Learning Contract continued** | | | | | | | | |
| 4.7 **Director of Nursing/Midwifery Declaration** (or delegated authority authorised by DON/M)  I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is eligible to apply for funding under HSE HR Circular 020/2014 and that  he/she has a satisfactory service record  he/she is currently registered with the NMBI  the proposed course of study is relevant to his/her area of practice **and/or**  the proposed course of study is aligned to patient and / service needs  the terms of his/her contract of employment allows him/her to fulfil the service commitment  associated with sponsorship  *(Please tick each of the above to confirm eligibility under Circular 020/2014)*  I undertake to ensure compliance with the applicant’s Sponsorship Agreement as outlined in Section 4.1-4.6 i.e. as per terms and conditions of HSE HR Circular 020/2014**.**  Name*(*in BLOCK CAPITALS*)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Director of Nursing/Midwifery | | | | | | | | |
| ***For Office Use Only***  Completion by Director, Centre for Nurse & Midwifery Education or delegated person | | | | | | | | |
| Funding Arrangements: | | | | | | | | |
| Comments (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CNME Director | | | | | | | | |
| All completed signed CNME Mid West Formal Academic Funding Application Forms to be submitted to: [cnmemidwest@hse.ie](mailto:cnmemidwest@hse.ie) | | | | | | | | |