**Application form for Short Course/Seminar/Conference/CPD Day (Registration Fees Only)**

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|  Incomplete Application Forms will be returned |
| 1. Section One – Personal Details |
| 1.1 Surname:  | 1.2 First Name (s):  |
| 1.3 Employee Number: | 1.4 E-mail Address: |
| 1.5 Work Address (include Department Name) | 1.6 Address for Correspondence |
| 1.7 Work Tel No.  | 1.8 Mobile No. |
| 1.9 NMBI Pin No: | 1.10 Expiry Date |

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| 2. Section Two – Short Course/Seminar/Conference Application |
| 2.1 Title:  | 2.2 Venue/Address |
| 2.3 Start Date:  | 2.4 Finish Date: |
| 2.5 Duration: | 2.6 Registration Fees |

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| 3. Section Three – Agreement on Support  |
| 3.1 Applicant |
| Please indicate why you wish to apply for this Short Course/Seminar/Conference and how you intend to apply learning to your service area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Signature: Date: |
| 3.2 Line Manager |
| Please state reasons for supporting this application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line Manager Signature: Date |
| 3.3 |
| DON/M /Service Manager Signature Date: |

***For Centre of Nursing & Midwifery Education Use Only***

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| Director of CNME Sign Off on behalf of Nursing & Midwifery Strategic Group |
| **I support this application.** **Director of CNME** Signature: Date: |
| Short Course/Seminar/Conference Fees Only | **Comments (optional)** |

Please return completed form to: Centre for Nursing and Midwifery Education, Donegal

HSE West

St. Conal’s Hospital

Letterkenny

Co. Donegal

*CNME Donegal is committed to protecting your privacy and takes the security of your information very seriously. CNME Donegal aims to be clear and transparent about the information we collect about you and how we use that information. More information on the HSE Privacy Policy is available at* [*https://www.hse.ie/eng/privacy-statement/*](https://www.hse.ie/eng/privacy-statement/)*. Information on the General Data Protection Regulation is available at* [*https://www.hse.ie/eng/gdpr*](https://www.hse.ie/eng/gdpr)