## Centre of Nursing and Midwifery Education

**Sligo/Leitrim**

Cregg Campus, Rosses Point,

Sligo, F91 XD77

Tel 071-9177090

Fax 071-9177746

**Booking Form**

**Completed booking form must be received by CNME before a place can be confirmed on any Continuing Professional Development (CPD) Programme**

**PLEASE FILL IN BLOCK CAPITALS**

**Name of CPD Programme:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of CPD Programme:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name**: (please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Surname: (please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personnel No.:** \_

**NMBI PIN**   **Expiry date:** \_\_ \_

(Nursing Staff Only)

**Job Title:** \_\_\_\_\_\_\_

**Department/Unit:**  \_

**Contact No.:**  \_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile No.:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Discretionary, for contact in the event of any last minute changes)

#### E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_

#### Line Manager Name (printed) : \_

#### Line Managers Signature: \_

**Completed forms to be returned to CNME Admin at the above address or email to** [**elizabeth.burgess@hse.ie**](mailto:elizabeth.burgess@hse.ie)

***Personal details such as email and mobile numbers are requested to enable the smooth running of courses in the CNME Sligo Leitrim, W. Cavan. Signing this form indicates your consent to the relevant information being kept on a database by the CNME.***

**Please complete a separate form for each participant**

**We do not contact you to confirm a place on a programme, completion and submission of the booking form secures your place; unless we have reached maximum capacity, or in the event of cancellation; in which case we will contact you in advance of the programme.**