**Application Form for**

**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 – Seminar/Conference/CPD Day 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 |
| 5.1 Applicant |
| Please indicate why you wish to apply for this Seminar/Conference/CPD day and how you intend to apply learning to your service area:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: Date:  Applicant |
| 5.2 Line Manager |
| Please state reasons for supporting this application with reference to benefits for the service.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: Date:  Line Manager |

For Centre of Nursing & Midwifery Education Use Only

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| Director of CNME Sign Off on behalf of Board of Management | |
| **I support this application.**  Signed: Date:  Director, CNME, S/L | |
| **Fees for Seminars/conferences/CPD day only** | **Comments (optional)** |

Please return completed form to: Centre of Nursing and Midwifery Education, Sligo/Leitrim,

HSE West, Cregg, Rosses Point , Co. Sligo F91 XD77

*CNME SL is committed to protecting your privacy and takes the security of your information very seriously. CNME SL 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)