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| **Form 1: Expression of Interest for ONMSD NMPDU/CNME/L&D Support for E-Learning/On Line Initiative** |

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This application process for funding support for e-learning programmes or online initiatives consists of 2 parts.

**Form 1**: Expression of Interest to NMPDU/ONMSD.

**Form 2**: If NMPDU/ONMSD agree to progress your **Form 1** Expression of Interest application, a more detailed review of requirements and a submission of costing (based on consultation with HSELanD) will be requested in **Form 2.**

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| Name of Applicant: |  | | | |
| NMBI PIN: | | | **Email:** | **Tel No:** |
| Name of Service: | | |  | |
| Subject area of e-learning programme/initiative: | | |  | |
| Is the programme/initiative part of a national learning initiative/National Clinical Programme or is it targeted at a local audience?  *Please note that priority will be given to programmes of national relevance by NMPDU/ONMSD.* | | |  | |
| Describe the nature and overall purpose of the proposed e-learning programme/initiative: | | |  | |
| Why is this e-learning programme/initiative needed? | | |  | |
| Who is the Target Audience? | | |  | |
| Approximately how many learners will access the programme per annum? | | |  | |
| Proposed Start Date: | | |  | |
| Line Manager Form 1 Submission Approval | | | | |
| Name of DoN/DoM/Dir CNME/Service Manager: | |  | | |
| Date of Meeting: | |  | | |
| Programme Review  If authorised, this programme is required to have a total review 2 years from when it was posted on HSELanD. The responsibility of this lies with the programme sponsor. By signing below you are agreeing to undertake a programme review when contacted by the HSELanD Governance Group.  Programme Sponsor  Name Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Please forward the completed form to ONMSD/your local NMPDU/ Centre for Nursing & Midwifery Education /  Centre for Learning & Development for consideration. | | | | |