




Nursing and Midwifery Planning and Development Unit Midlands

Instructions for completing Application form for funding Continuous Professional Development (CPD) courses

1. Please open attached PDF application form and save as your First Name and Surname to your computer
 - The **Applicant** must complete all mandatory fields highlighted with a red border in **Section 1** and email the completed form to their Line Manager
 - The **Line Manager** must complete **Section 2** and email the form to the Director of Nursing/Midwifery
 - The **Director of Nursing/Midwifery** must complete **Section 3** and click on the red Submit button to send the completed form to NMPDU Midlands for review
 - Please note incomplete forms will not be accepted

If you have any queries in relation to this please contact Jennifer O'Shaughnessy/Sheila Browne:

jennifer.oshaughnessy@hse.ie 087 4545568 / sheila.browne@hse.ie 086 8121578



Aonad Pleanála & Forbartha
Altranais & Cnáimhseachais, Lár Tire

Nursing & Midwifery Planning
& Development Unit, Midlands

Nursing & Midwifery Planning & Development
1st Floor, Scott Building
Midland Regional Hospital Tullamore Campus
Arden Road, Tullamore, Co. Offaly

Email: nmpdu.midlands@hse.ie
Tel: 087 4545568 / 086 8121578

Learning Event Application Form / Conference Application Form 2023
*Please complete all Mandatory fields highlighted with a red border,
Incomplete forms cannot be submitted for review
This information will be recorded on a database*

Section 1 To be completed by Applicant

First Name:

Surname Name:

Job Title: Specialist Other

Work Location: Other

Address for Correspondence:

Mobile No:

Personnel No:

NMBI PIN No:

Student No:

Email:

Date/s of Event:

Please complete details of the Event you wish to apply for:

Event Title:

Name of Supplier:

Cost of Event (if applicable): €

Location of Event:

Supplier Email:

Supplier Tel:

Please indicate why you wish to apply for this event?

Have you discussed this application with your Line Manager?

Please email this form to your Line Manager for review?

Section 2 To be completed by Line Manager

State reason for supporting this application:

Study Leave Approved (if applicable)

Hours/Days:

Line Manager Name:

Date:

Please email this form to DoN/M for review?

Section 3 To be completed by Director of Nursing/Midwifery.
Please click on SUBMIT button below to be sent for review by NMPDU Director

Name of Director of Nursing/Midwifery:

Date:

Email:

Phone No:

SUBMIT

**Following approval by NMPDU, and on completion of learning event an invoice can be emailed to NMPDU Midlands for review at nmpdu.midlands@hse.ie
Certificates of attendance must also be submitted within four weeks of attending the Conference/Programme in order for payment to be processed.

NMPDU Director Signature:

Date:

For Office Use Only:

Approved:

Comments: