



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 Area	Work Location:
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): Please select currency and amount
Location of Event:		Supplier Tel.
Supplier Email:		
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	Local Cost Centre No. (for reimbursement)
Line Manager Name	Date:	Please email this form to DoN/M for review?
Line Manager Email		
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:

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. **If payment is required in advance please ensure the local cost centre is entered on this form.**
Certificates of attendance must also be submitted within four weeks of attending the Conference/**Programme** in order for payment to be processed.

NMDPU Director Signature:

Date:

For Office Use Only:
Comments:

Approved: