



Application for funding for Post Registration Education under the Sponsorship of Nursing/Midwifery  
Third Level Nursing Initiatives (HSE Circular 020/2014)  
for the Academic Year 2021/2022

1.1 Last Name  1.2 First Name

1.3 Employee Number  1.4 NMBI Number

1.5 Work Email Address

1.6 Alternative Email Address

1.7 Contact Telephone Number

1.8. I agree that my data may be used to communicate with me regarding my role, further educational opportunities, the work of the NMPDU, ONMSD, Dept of Health & for evaluation purposes.

Yes, I agree

No, I do not agree

1.9 Work Location

  
  
  

1.10 Address for Correspondence

  
  
  

1.11 Current Job Title  1.12 Service Area

1.13 Length of time in current role

1.14 Do you require a Work Visa /Permit to work in the state?

1.15 Have you received funding within the past 36 months to commence a Specialist programme

If you answered Yes to 1.15 please provide the following information

1.16 Name of Specialist Programme

1.17 Date of commencement of programme

1.18 Qualification Obtained

1.19 HEI where programme was completed

1.20 Who funded programme?

**1.20 Please list previous qualifications obtained**

Programme Title	Qualification	Conferring Body	Date Obtained	Were you sponsored by HSE to undertake this study

**SECTION 2 Details of proposed course of study**

2.1 Course Title

2.2 Conferring Institution

2.3 Clinical

Non Clinical

2.4 NMBI approved course

Yes

No

2.5 Qualification obtainable

2.6 NFQ Level

2.7 Which year of the programme are you seeking funding for Tick as appropriate

Year 1

Year 2

Year 3

Year 4

2.8 Course start date

2.9 Course end date

2.10 Total course fees

2.11 Fees for proposed year

2.12 What are the main objectives of the course?

2.13 List course modules


2.14 Where a candidate is applying for a Masters Degree related to an Advanced Nurse Practitioner (ANP) Role Development has the applicant been recruited/appointed as a Candidate ANP. If not applicable please tick N/A below

Yes

No

N/A

If yes, what was date of appointment

2.15 Please outline the specialist area of practice

## Section 3 Learning Context

3.1 Please outline how the course that you are applying for integrates with a) your current role and objectives and b) service needs within your area of work

3.1a Current role objectives

3.1b Service needs within your area of work

3.2 How is it envisaged that learning from this course will be applied to the *workplace in general*?

3.3 Suggest how learning from this course may be applied to a *specific* service development/improvement initiative

3.4 What future role is it envisaged that the applicant will take in the organisation after completing this course?

3.5 Consider project work to be undertaken as part of this course (including dissertation) How are these to be linked with the organisation/service area? Where possible state proposed project titles and plans

3.6 I have met with my line manager to discuss my learning contract, the details of which are approved by Director of Nursing/Midwifery

Yes

No

## Section Four- Applicants Declaration of Understanding—Please Read Carefully

### 4.1 I understand that any financial support made available to me for my programme of study will be subject to the following conditions:

A fully completed Application Form & Learning Contract for Post Registration Education under the Sponsorship of Nursing/Midwifery Third Level Nursing Initiatives (HSE Circular 020/2014) must be submitted to and approved by the NMPDU prior to commencing any formal academic studies

If my programme of study extends beyond one academic/calendar year, it will be necessary for me to submit a fully completed Application Form & Learning Contract for Post Registration Education under the Sponsorship of Nursing/Midwifery Third Level Nursing Initiatives (HSE Circular 020/2014) to the NMPDU for funding for the second and any subsequent year

If I transfer to a different programme, I will be required to submit a new application for funding as this application will no longer be valid

If I change employment (within the HSE/HSE funded service) during the application process or prior to commencement of the programme, I will be required to resubmit Section 4 of this application completed by myself, the Line Manager and the Director of Nursing/Midwifery from my new place of employment

On immediate completion of one academic/calendar year part time programme, I will be required to provide the Director of Nursing/Midwifery with a copy of each year / final examination results

As per HSE HR Circular 020/2014 page 2 point 3, 'successful applicants for sponsorship will be required to give a written undertaking to their employing public health service agency that they will, following successful completion of the programme, work for their employing agency for a minimum period of twelve months or for the length of the academic course undertaken, whichever is longer.'

As per HSE HR Circular 020/2014 the following criteria applies in the event where repayment of fees or salary is required: 'Where an employee is required to repeat elements of a programme they must remain in the employ of their current agency during the repeat period. If they cease employment or do not complete the programme they will have their sponsorship terminated and will be required to repay fees. Such repayments shall be made to the public health service agency where they were employed. In exceptional circumstances all the above repayments may be waived or deferred at the discretion of the employing Health Service Agency.

I will notify the Director of Nursing/Midwifery and the NMPDU in writing should I:

- Fail to obtain a place on the programme
- Not accept my place on the programme
- Defer my place on the programme
- Discontinue the programme
- Change length of programme, i.e., from full time to part time

As per HSE HR Circular 020/2014 I understand that no funds will be provided for repeat of modules, units of study, deferrals or examination fees. Such fees will be borne by me.

I agree to submit my completed dissertation or thesis, if applicable, onto LENUS accessible at <http://www.lenus.ie/hse/>

I agree to the NMPDU communicating with the relevant HEI to confirm that I have accepted, commenced and successfully completed the programme if required.

I understand that the personal details I have provided for this programme will be held and processed by the NMPDU Midlands in accordance with Data Protection Law & other regulatory obligations.

**By ticking this box I understand that I am declaring that I have read, understand and accept the terms and conditions outlined in this form and in HSE Circular 020/2014 and I hereby apply for funding as outlined above in line with these conditions.**

Name \_\_\_\_\_ Date \_\_\_\_\_

***This is an important document, please ensure that you print and retain a copy for your records***

**You should now save this form and forward as email attachment to your Line Manager**

## Line Manager's Declaration of Understanding

I have held a discussion with  regarding this application.

4.2 I confirm that;

the applicant has a satisfactory service record

the terms of the applicant's contract of employment allows him/her to fulfil the service commitment associated with sponsorship

the applicant is currently registered with the NMBI

the proposed course of study is relevant to the applicant's area of practice **and/or**

the proposed course of study is aligned to patient and / service needs

*By ticking this box I understand that I am confirming that the applicant meets the conditions above and I am recommending that the application for funding be endorsed by Director of Nursing.*

4.3 Line Managers

4.4 Date

4.5 Line Managers Tel

4.6 Line managers Email

**On completion Line manager should save form and forward as attachment to Director of Nursing/Midwifery**

## 5. Director of Nursing/Midwifery Approval and sign-off

5.1 Director of Nursing Name

5.2 Date

5.3 Director of Nursing Email