



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service



Office of the
Nursing & Midwifery
Services Director

Site Declaration Form
Requirements for the “Nurse/Midwife Authority to Refer for Radiological Procedures”
Education Programmes

Applicants for the *Nurse Midwife Authority to Refer for Radiological Procedures* education programme must fully complete all parts of this form in consultation with the Director of Nursing/Midwifery/Service Manager/Designate. The completed form **MUST** be submitted to the Education Provider: Regional Centre of Nursing & Midwifery Education (RCNME) or Higher Education Institution (HEI) as part of the application process.

Applicants employed in the Health Services Executive (HSE) and HSE Funded Agencies (Section 38) **MUST** also email this completed form to the National Lead for Nurse Midwife Authority to Refer for Radiological Procedures at nurse.prescribing@hse.ie by the relevant RCNME/HEI closing date. This is a requirement as part of the application process to secure funding. This form is necessary to enable the National Lead for Nurse Midwife Authority to Refer for Radiological Procedures to validate registration of the applicant with the RCNME/HEI, to ensure applicant fees are paid directly by the Office of the Nursing and Midwifery Services Director (ONMSD) HSE to the relevant RCNME/HEI.

Incomplete forms will be returned to you and your application may not be considered.

Site Declaration Details (Please type details in Block Capitals)

N.B. Please indicate your choice of *Nurse Midwife Authority to Refer for Radiological Procedures* education programme by ticking one of the following programme options:

Adults Only Children Only Adults & Children

Applicant's Name as per Nursing and Midwifery Board of Ireland (NMBI) Registration:

NMBI PIN:

Grade (e.g. Staff Nurse/Midwife/CN/MM):

Clinical Area:

Contact Phone Number:

Email Address (work if possible):

Health Service Provider/Employer Name:

Director of Nursing/Midwifery/Service Manager/Designate Name:

Name of Designated Person responsible for the initiative locally:

Email Address:

Education Provider RCNME/HEI:

Programme Commencement Date:

The above information will be populated onto the ONMSD “HSE National Database of Nurse and Midwife Referrers for Radiological Procedures”. Nurses and midwives employed in the HSE and HSE funded agencies (Section 38) are funded by the ONMSD HSE to undertake the education programme.

The main purpose of the database is to provide one national searchable database, which is only accessible by the HSE ONMSD National Lead for Nurse Midwife Authority to Refer for Radiological Procedures. Retrieved data will be used to;

- Monitor the progress of each nurse/midwife funded by the HSE from commencement of the education programme and following registration on the HSE National Database of Nurse and Midwife Referrers for Radiological Procedures.
- Allow ease of data retrieval to generate standard and drillable reports at local, regional and national level.
- Generate reports on “Nurse Midwife Authority to Refer for Radiological Procedures” by using the information from this database.

Personal details are not disclosed for these reports. The data is used for statistical purposes only.

Criteria for the Health Service Provider: To be completed by Director of Nursing/Midwifery/Service Manager/Designate.	Yes	No	Comment/Evidence
Governance			
Do you have in place local governance arrangements to oversee the introduction and implementation of Nurse Midwife Authority to Refer for Radiological Procedures?			
Do you have in place a firm commitment by the health service provider’s senior management to support the introduction of Nurse Midwife Authority to Refer for Radiological Procedures?			
Do you have in place a named person (delegated by the Director of Nursing/Midwifery/ Service Manager/Designate) who is responsible for this initiative locally and for liaising with the applicant/student, medical practitioner, RCNME/HEI and HSE National Lead for Nurse Midwife Authority to Refer for Radiological Procedures?			
Do you have clinical indemnity arrangements in place for Nurse Midwife Authority to Refer for Radiological Procedures? (Please note the Clinical Indemnity Scheme managed by the State Claims Agency indemnifies employees of the HSE and HSE Funded Agencies (Section 38).			
For HSE and HSE funded agencies (Section 38), will you have in place a signed sponsorship agreement at local service level, setting out the arrangements for study leave and financial support for the candidate? (as outlined in this form - the Declaration/Undertaking in Respect of Third Level Academic Fees).			
Following successful completion of the education programme, do you agree to support the applicant’s timely registration (within 4 weeks) on the “HSE National Database of Nurse and Midwife Referrers for Radiological Procedures”?			
Have you identified a medical practitioner/mentor who has agreed to support the candidate throughout the education programme?			
Do all stakeholders at unit level have access to the NMBI (2020) <i>Nurse Midwife Authority to Refer for Radiological Procedures: Education Standards and Procedures</i> (which includes programme learning outcomes, standards and required competencies)?			
Can you confirm that the name of the nurse/midwife applying for the education programme is on the active register maintained by the NMBI i.e. has current active registration?			
Risk Management			
Do you have in place local health service provider ‘Nurse Midwife Authority to Refer for Radiological Procedures’ policy, procedure, protocol or guideline (PPPG)? Health service providers can adopt the			

HSE National Nurse Midwife Authority to Refer for Radiological Procedures Guideline (2020) and develop addenda regarding local governance arrangements if they so wish.			
Do you have risk management systems in place?			
If yes, is there a process for;			
• Reporting and monitoring of adverse event/incident			
• Reporting and monitoring of near misses			
• Reporting and monitoring of referral errors			
Audit and Evaluation			
Do you have in place or are you planning to put in place an agreed schedule for routine audit of Nurse/Midwife Referrals for Radiological Procedures?			

Director of Nursing/Midwifery/ Service Manager/Designate Name: (Block Capitals)	
Name of Health Service Provider:	
Contact Telephone Number:	
Work Email Address:	
Signature:	
NMBI PIN:	
Date:	
Medical Practitioner/Mentor Name: (Block Capitals)	
Name of Health Service Provider:	
Contact Telephone Number:	
Work Email Address:	
Signature:	
Medical Council Registration Number (MCRN):	
Date:	
Head of Radiology (Consultant Radiologist) Name: (Block Capitals)	
Name of Health Service Provider:	
Contact Telephone Number:	
Work Email Address:	
Signature:	
Medical Council Registration Number (MCRN):	
Date:	

Declaration /Undertaking in Respect of Third level Academic Fees

Applicant's Declaration/Undertaking in respect of Third level Academic fees for Nurse Midwife Authority to Refer for Radiological Procedures education programme.

On successful completion of the education programme I will be required to:

1. Provide my employing agency with evidence of my successful completion of the programme as per HSE HR Circular 020/2014 Section 9
2. Inform the National Lead for Nurse Midwife Authority to Refer for Radiological Procedures by email at nurse.prescribing@hse.ie.

I understand that proposed leave entitlements will be subject to staffing demands at the time. I further agree that the entirety of the course fees paid by the HSE on my behalf will immediately become due and owing by me to the HSE if I:

- a) Do not complete the programme successfully within the time frame designated by the relevant Regional Centre of Nursing & Midwifery Education/Higher Education Institution
- b) Cease employment with the Health Service Executive before I have successfully completed the programme
- c) Cease employment with the Health Service Executive at any time following successful completion of the programme within the period of twelve months or for the length of the academic course undertaken whichever is longer.

I agree to repay the amount of fees paid for me in respect of this programme and salary on a pro rata basis for full time programmes.

Signed: _____

Date: _____

Director of Nursing/Midwifery/Service Manager /Designate Approval and Sign-Off

Signed: _____

Date: _____

Director of Nursing/Midwifery/Service Manager/Designate Comments (*optional*):

Check List

Each of the following must be ticked as evidence of completion		
1.	The form is fully completed. Incomplete forms will be returned to you and may not be considered	
2.	This fully completed form must be submitted to the relevant RCNME/HEI as part of the application process by the application closing date	
3.	A copy of this completed form must be emailed to the National Lead for Nurse Midwife Authority to Refer for Radiological Procedures at nurse.prescribing@hse.ie by nurses/midwives employed in the HSE and HSE funded agencies (Section 38) by the relevant RCNME/HEI application closing date.	
4.	The name of the applicant on the application form is the name by which they are registered with the NMBI and which will appear on their student ID card, college records and parchment.	
5.	A copy of this completed form has been retained by the employer.	

Applicants Name: (Block Capitals) _____

Signature: _____

NMBI PIN: _____

Date: _____