

To whom it may concern,

A member of staff from your organisation has applied to undertake the Post Graduate Diploma/MSc in **Respiratory Care in Nursing Practice** the School of Nursing & Midwifery in RCSI.

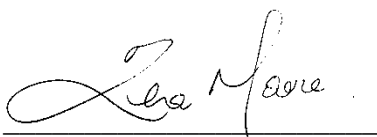
This a programme of study which aims to ensure safe and effective practice through the development of the knowledge and competencies necessary for high-level professional practice. A key component of this programme is the integration of theory and practice and the completion of dedicated learning hours and clinical competencies. Further programme information can be found here: [http://www.rcsi.ie/nursing\\_courses](http://www.rcsi.ie/nursing_courses)

The programme is accredited by the Nursing and Midwifery Board of Ireland, and they require that each student on the programme have clinical experiences and a completed set of competencies relevant to the programme.

We are hereby seeking your agreement to support your staff member in the completion of the programme. The competence assessment will be carried out by a dedicated RCSI tutor. We are asking for your support in facilitating this student while they are undertaking this programme. Should you agree to this please completed the attached form.

Please feel free to contact the dedicated RCSI Nurse Tutor: **Bridget Murray** [bridgetmurray@rcsi.com](mailto:bridgetmurray@rcsi.com) or myself for further clarification if required.

Yours Sincerely



Professor Zena Moore  
Head of School of Nursing & Midwifery, RCSI

Student name:	
Position in organisation:	
Name of site (Organisation eg hospital/ CHO area):	
Nature of Facility: (i.e. Acute hospital, Community Care, Nursing home etc.)	
May this student access the expertise of a CNS/RANP working in an area relevant to the programme of study during their time on the course?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – No CNS in post <input type="checkbox"/> N/A – No RANP in post
Number of beds/clients/residents:	
Learning Resource and Materials Available:	<input type="checkbox"/> Library <input type="checkbox"/> Internet Access <input type="checkbox"/> Learning Support Personal
Do you provide services relevant to the programme of study that the student may access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the student requires clinical learning experience related to this programme and agree to facilitate this and for my staff to verify this:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agreement to Facilitate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Director of Nursing/Service/Manager Name:	
Email address:	
Signature:	_____
Date:	

**Note to student:** Please follow instructions received by email to submit this form.