**Site Declaration Form (Revised January 2024)**

**Requirements for Nurse and Midwife Medicinal Product Prescribing Education**

**Programme**

**Applicants must fully complete all parts of this form in consultation with the Director of Nursing/Midwifery/Head of Service/Service Manager/Designate. The completed form MUST be submitted to the relevant Higher Education Institution (HEI) as part of the application process.**

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

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| **Site Declaration Details (Please type details in Block Capitals)** | |
| **Surname as per Nursing and Midwifery Board of Ireland (NMBI) Registration:** |  |
| **First Name As Per NMBI Registration:** |  |
| **NMBI Number:** |  |
| **Current Job Title And Grade (e.g. Staff Nurse/Midwife/CN/MM/CN/MS/AN/MP):** |  |
| **Clinical Area/Specialty:** |  |
| **Have You One-Year Recent Full Time Experience In Your Specialist Area Of Practice?** | **Yes No** |
| **Contact Mobile Telephone Number:** |  |
| **Email Address (Work If Possible):** |  |
| **Work Location/Department:** |  |
| **Director Of Nursing/Midwifery/Head Of Service/Service Manager/Designate Name:** |  |
| **Prescribing Site Coordinator (PSC)/Link Person/Clinical Facilitator (CF) Name:** |  |
| **PSC/Link Person/CF Email Address:** |  |
| **Higher Education Institution/College Applying to:** |  |
| **Programme Commencement Date:** |  |

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| **Criteria for the Health Service Provider; to be completed by Director of Nursing/Midwifery/Head of Service/Service Manager/Designate** | **Yes** | **No** | **Comment/Evidence** |
| **Governance** |  |  |  |
| Do you have in place local governance arrangements to oversee the introduction and implementation of nurse and midwife medicinal product prescribing? |  |  |  |
| Do you have in place a firm commitment by the health service provider’s senior management to support nurse/midwife medicinal product prescribing? |  |  |  |
| Do you have in place a named PSC/Link Person delegated by the Director of Nursing/Midwifery/Head of Service/Service Manager/Designate to have responsibility for the initiative locally and for liaising with the applicant/candidate, medical mentor, HEI and HSE Nurse/Midwife Medicinal Product Prescribing team? |  |  |  |
| Do you have clinical indemnity arrangements in place for nurse/midwife medicinal product prescribing?  (Please note the Clinical Indemnity Scheme managed by the State Claims Agency indemnifies employees of the HSE and HSE funded agencies (Section 38) |  |  |  |
| For the 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? |  |  |  |
| Following successful completion of the education programme, do you agree to support the candidates’ timely registration with NMBI as a Registered Nurse/Midwife Prescriber (RN/MP) within four weeks? |  |  |  |
| For candidates employed in the HSE and HSE funded agencies (Section 38), can you confirm that the RN/MP will have access to a computer, work email address and internet? |  |  |  |
| Have you identified a medical practitioner/mentor who has agreed to support the candidate throughout the education programme? |  |  |  |
| 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 a local health service provider’s medicinal product prescribing policy, procedure, protocol or guideline (PPPG)? Health service providers can adopt the *HSE* *National Nurse and Midwife Medicinal Product Prescribing 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 an adverse event/incident |  |  |  |
| * Reporting and monitoring of near misses |  |  |  |
| * Reporting and monitoring of medication errors |  |  |  |
| **Audit and Evaluation** | **Yes** | **No** | **Comment/Evidence** |
| Do you have in place or are you planning to put in place an agreed schedule for routine audit of nurse/midwife medicinal product prescribing practice? |  |  |  |

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| **Director of Nursing/Midwifery/Head Of Service/ Service Manager/Designate Name: (Block Capitals)** |  |
| Work Location/Department: |  |
| Contact Telephone Number: |  |
| Work Email Address: |  |
| Signature: |  |
| NMBI Number (If Relevant): |  |
| Date: |  |
| **Medical Practitioner/Mentor Name: (Block Capitals)** |  |
| Work Location/Department: |  |
| Contact Telephone Number: |  |
| Work Email Address: |  |
| Signature: |  |
| Medical Council Registration Number (MCRN): |  |
| Date: |  |

**Check List**

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| **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 HEI as part of the application process by the application closing date |  |
| 3 | 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 |  |
| 4 | A copy of this completed form has been retained by the employer |  |

**Applicant’s Name as per NMBI Registration (Block Capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NMBI PIN Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: If you are undertaking the Nurse/Midwife Medicinal Product Prescribing programme as a stand-alone module, please click on the link below in order to complete an Electronic Funding Application Form for this education programme.**

***Include Link here***