

**Advanced Comprehensive Health Assessment**

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| **Applicant’s Name** |  |
| **Name of Hospital** |  |
| **Unit** |  |
| **Grade** |  |
| **NMBI Pin** |  |

**Signed Site Declaration Form from clinical /manager employer which includes student confirmation of a designated medical practitioner mentor.**

**To be completed by Line Manager (ADoN or above):**

I confirm that…………………………………………………………………. (applicant’s name) has been approved to undertake the Advanced Comprehensive Health Assessment commencing in January 2026.

Signed………………………………………………………………. Date………………………………………………………………….

I confirm that…………………………………………………………. (applicant’s name) will employed in a suitable practice placement environment for the duration of the Advanced Comprehensive Health Assessment programme. The following are examples of healthcare settings:

* Primary Care Public Health and Community Care
* Palliative Care Services
* General Practice
* Community Hospitals
* Nursing Homes
* Acute Hospitals
* Mental Health Services

Signed…………………………………………………………………. Date……………………………………………………………………….

**To be completed by the applicant:** I confirm that I have identified a suitably qualified a designated medical practitioner to facilitate development and assessment of advanced health assessment skills throughout the programme duration.

Signed……………………………………………………………………

Date: ……………………………………………………………………

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| **Entry Requirements**   * Be currently employed as a nurse in a clinical area where a robust clinical governance structure is in place. * Have a minimum of one-year post-registration clinical experience (within the past 5 years) * Provide evidence of Continuing Professional Development and the ability to study at Level 9 * Complete and submit a Signed Site Declaration Form from their clinical employer which includes nomination and confirmation of a designated medical practitioner mentor.   **To be completed by the applicant**: I confirm that I meet the entry requirements to undertake this programme of education | **Yes⃝** |

Signed…………………………………………………………………. Date……………………………………………………………………….

**Please return completed documents to:** [admissions.midlands@tus.ie](mailto:admissions.midlands@tus.ie)