TUS Midlands Midwest

Athlone Campus

DECLARATION FORM

Certificate in Emergency Nursing

Applicant's Name	
Name of Hospital	
Unit	
Grade	
NMBI Pin	

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

I confirm that…… (applicant's name) has been approved and **secured funding** to undertake the Certificate in Emergency Nursing commencing in January 2027.

Signed:……..

Date:……..

I confirm that…….. (applicant's name) will be employed in an emergency department for the duration of the Certificate in Emergency Nursing programme.

Signed:……..

Date:……..

To be completed by the applicant:

I confirm that I have identified a suitably qualified clinical practice supervisor to assess and support me during the Certificate in Emergency Nursing programme

Signed:……..

Date:……..