



**Certificate in Fundamentals of Anaesthesia and Post Anaesthesia Care**

**Section 1: Applicant Professional Details**

<b>Applicant's Name</b>	
<b>Name of Hospital</b>	
<b>Unit</b>	
<b>Grade</b>	
<b>NMBI PIN</b>	

**Section 2: To be completed by Line Manager (ADoN or above):**

I confirm that..... (applicant's name) has been approved to undertake the Certificate in Fundamentals of Anaesthesia and Post Anaesthesia Care programme. commencing in March 2025.

**Signed**..... **Position** :.....

**Date**:.....

I confirm that..... (applicant's name) will be employed in the area Anaesthesia and Post Anaesthesia care for the duration of this Certificate.

**Signed**:..... **Position** :.....

**Date**:.....

**Section 3: To be completed by the applicant:**

I confirm that I meet the entry requirements to undertake this Certificate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I confirm that I have identified a suitably qualified clinical practice supervisor to assess and support me during the Certificate in Fundamentals of Anaesthesia and Post Anaesthesia Care programme:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission to the Department of Nursing and Healthcare to share the details from section 1 above with the Nurse Lead, National Clinical Anaesthesia Programme <sup>1</sup> :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I confirm that the I have completed the HSE Declaration of Understanding (as per HSE HR Circular 020/2014) and returned same to the Nurse Lead, National Clinical Anaesthesia Programme <sup>2</sup> in advance of commencement date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signed:.....

Date:.....

<sup>1</sup> This applies to HSE funded applicants only

<sup>2</sup> For HSE funded applicants this Declaration of Understanding (as per HSE HR Circular 020/2014) should be emailed to: [aobrien@coa.ie](mailto:aobrien@coa.ie)