

**Prescribing Application Employment & Education Survey**

As a requirement of assessment of eligibility as Per NMBI Standards & Requirements (2015) for entry to the Certificate in Nurse Product Prescribing Programme of education all applicants are required to provide evidence of previous employment, education and experience to meet the following entry (NMBI, 2015)

* Be Registered in either General, Psychiatric, Children’s, Intellectual Disability, Midwife or Public Health Nurse Divisions of the Register.
* Have three years recent post registration clinical experience in nursing/ midwifery (within the past 5 years) with the equivalent of one-year full time experience in the specific area of practice.
* The nurse/midwife must possess competencies recognised at Level 8 of the NQAI framework.
* The nurse/midwife must demonstrate evidence of further education and the possess a competent level of information technology literacy.

**Please complete all sections below in the Employment, Experience and Education Survey. Information provided will be utilised to assess eligibility to undertake the Certificate in Nurse Product Prescribing**

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| **Registration Details** | **Information Required** | **Responses** |
|  | NMBI Pin Number |  |
|  | Number of Years Qualified as a Nurse |  |
|  | Number of Years Qualified as a Midwife |  |
| **Current Employment** | Name & Address of Current Employer |  |
|  | Current Position/ Title/ Role Details |  |
|  | Current Grade ANP/CNS/CNM/Staff Nurse |  |
|  | Starting Date: |  |
| **Previous Employment 1** | Employer 1 |  |
|  | Position & Grade Held |  |
|  | Role Details |  |
|  | Dates of Employment |  |
| **Previous Employment 2** | Employer 2 |  |
|  | Position & Grade Held |  |
|  | Role Details |  |
|  | Dates of Employment |  |
| **Previous Employment 3** | Employer 3 |  |
|  | Position & Grade Held |  |
|  | Role Details |  |
|  | Dates of Employment |  |
| **Previous Employment 4** | Employer 4 |  |
|  | Position & Grade Held |  |
|  | Role Details |  |
|  | Dates of Employment |  |
| **Previous Employment** | Please include any additional Employment Details | |
| **Previous Experience** | Please include any additional Experience Details | |
| **Organisational Support** | Mentors Name & Role | **Responses** |
|  | Mentors contact email & telephone number |  |
|  | Prescribing Site Coordinator Name |  |
|  | Prescribing Site Coordinator email & telephone number |  |
|  | Director of Nursing Name |  |
|  | Director of Nursing email & telephone number |  |
| **Prescribing Location** | Name of Hospital/Prescribing Location |  |
|  | Clinical Practice area (speciality/patient cohort) in which prescribing will take place. |  |
|  | I confirm I have the support of my Director of Nursing | Indicate Yes/No |
|  | I confirm I will complete and return a completed Site Declaration Form & Clinical Learning Environment Audit and understand that failure to do so will result in an incomplete application which will not be considered. | Indicate Yes/No |
| **Continuing Professional Development**  **Information Required**  **Date & Duration of Programme**  **Title of Course/Level of Course (If applicable)/ Study Day/ Conference Evidence of attendance e.g. certificate**  **Failure to complete the required information may result in delayed application** | | |
| **Continuing Professional Development** |  | |
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**Please return completed documents to:**[admissions.midlands@tus.ie](mailto:admissions.midlands@tus.ie)