****

**Site Declaration Form**

Essential Criteria for Site Selection

Site Declaration Form to be completed on behalf of the Health Service Provider by the Director of Nursing/Midwifery and submitted with the college application to the third level institution.

Site Declaration Form

Essential Criteria for Site Selection

Site Declaration Form to be completed on behalf of the Health Service Provider by the Director of Nursing/Midwifery and submitted with the college application to the third level institution.

**Name of Nurse/Midwife Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Staff Nurse/Midwife / CNM/CMM / CNS/CMS etc.)

Name of Health Care Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NMBI PIN Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division of the NMBI Register\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Director of Nursing/Midwifery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Clinical Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Clinical Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Yes** | **No** | **Comment/Evidence** |
| **Practice and Education Development** |  |  |  |
| Do you have in place appropriate Clinical Supervision arrangements with a named Clinical Supervisor? (Please identify name). |  |  |  |
| Do you agree to the AN/MP candidate spending clinical hours (no more than 500 hours) in a relevant placement external to his/her work area? |  |  |  |
| Do you have in place a commitment to continuing education for staff supporting advanced nurse/midwife practitioner practice? |  |  |  |
| Will you have in place a sponsorship agreement at local (service) level setting out the arrangements for study leave and financial support for the AN/MP candidate? |  |  |  |
| **Health Service Provider** |  |  |  |
| Do you have in place a named individual (e.g. line manager) delegated by the Director of Nursing/Midwifery/Other relevant manager to have responsibility for the AN/MP initiative locally and for liaison with the educational provider? (Please supply name). |  |  |  |
| Do you have in place a firm commitment by the hospital/organisation board or Chief Executive Officer or Medical Director/Chairman of Medical Board to support the AN/MP initiative? |  |  |  |

|  |  |
| --- | --- |
| **Printed name** of the Director of Nursing/Midwifery/Public Health Nursing/or other relevant Manager(s): | **Printed name** of the Medical Practitioner/Clinical Supervisor |
| Name of health service provider: | Name of health service provider: |
| Telephone number: | Telephone number: |
| Email: | Email: |

**Signed by** the Director of Nursing/Midwifery/Public Health Nursing/or relevant manager(s):

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

**Signed by** the Medical Practitioner/Clinical Supervisor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please check the following:**

1. The form is fully completed. Incomplete forms will not be considered   
 

2. Your Clinical Supervisor is aware of the Clinical Supervision requirements for the AN/MP programme. The Clinical Supervisor can contact the programme co-ordinator at (see below) for further information prior to signing the form



3. The name you give on the application form is the name by which you are registered with The Nursing and Midwifery Board of Ireland and which will appear on your student ID card, college records and parchment.

