Applicants must fully complete all parts of this form in consultation with the Director of Nursing/Midwifery/Head of Service/Service Manager/Designate. The completed form MUST be submitted to the relevant Higher Education Institution (HEI)/Centre of Nurse and Midwifery Education (CNME) as part of the application process. Incomplete forms will be returned and your application may not be considered.

**Site Declaration Form (Revised March 2024)**

**Requirements for the Nurse and Midwife Authority to Refer for Radiological Procedures**

**Education Programme**

|  |  |
| --- | --- |
| **Site Declaration Details (Please type details in Block Capitals)** | |
| **N.B.** Please indicate your choice of *Nurse Authority to Refer for Radiological Procedures* education programme by ticking one of the following programme options:  **Adults Only Children Only Adults & Children** | |
| Surname as per Nursing and Midwifery Board of Ireland (NMBI) Registration: |  |
| First Name as per NMBI Registration: |  |
| NMBI Number: |  |
| Current Job Title and Grade (e.g. Staff Nurse/Midwife/CN/MM/CNS/AN/MP): |  |
| Clinical Area/Specialty: |  |
| Have you one year full time (or equivalent) recent experience in your specific area of practice? | **Yes No** |
| Have you completed a National Framework of Qualifications (NFQ) level 8 module in patient physical assessment (including physical examination skill) or equivalent? | **Yes No** |
| Contact mobile telephone number: |  |
| Email address (work if possible): |  |
| Work location/department: |  |
| Director of Nursing/Midwifery/Head Of Service/Service Manager/Designate Name: |  |
| Name of designated person responsible for the initiative locally (Referring Site Coordinator): |  |
| Email address: |  |
| Higher Education Institution/College/Regional Centre of Nurse and Midwifery Education (RCNME) applying to: |  |
| Programme commencement date: |  |
| If you are employed in the HSE or a HSE funded agency (section 38) can you confirm that you have applied to the ONMSD for funding for the education programme? | **Yes No** |

| **Confirmation of Governance Arrangements** | | | |
| --- | --- | --- | --- |
| Criteria for the Health Service Provider:this section **must be** completed by Director of Nursing/Midwifery/Head of Service Manager/Service Manager/Designate | **Yes** | **No** | **Comment/Evidence** |
| Do you have in place local governance arrangements to oversee the introduction and implementation of Nurse/Midwife Authority to Refer for Radiological Procedures? |  |  |  |
| Do you have in place a firm commitment by the health service provider’s senior management to support Nurse/Midwife Authority to Refer for Radiological Procedures? |  |  |  |
| Do you have in place a named person (delegated by the Director of Nursing/Midwifery/ Head of Service/Service Manager/Designate) who is responsible for this initiative locally and for liaising with the applicant/student, medical practitioner, RCNME/HEI and HSE National Lead for Nurse Authority to Refer for Radiological Procedures? (Referring Site Coordinator) |  |  |  |
| Do you have clinical indemnity arrangements in place for Nurse/Midwife Authority to Refer for Radiological Procedures? (Please note the Clinical Indemnity Scheme managed by the State Claims Agency indemnifies employees of the HSE and HSE Funded Agencies (Section 38)). |  |  |  |
| For HSE and HSE funded agencies (Section 38),will you have in place a signed sponsorship agreement at local service level, setting out the arrangements for study leave and financial support for the candidate? |  |  |  |
| A commitment has been given to enable the candidate to attend all educational programme components? |  |  |  |
| For candidates employed in the HSE and HSE funded agencies (Section 38) do you agree to support the candidate’s timely registrationon the HSE “National Database of Nurse and Midwife Referrers for Radiological Procedures” following successful completion of the education programme? |  |  |  |
| For candidates employed in the HSE and HSE funded agencies (Section 38), can you confirm that the candidate will have access to a computer, work email address and internet to support their practice? |  |  |  |
| Have you identified a medical practitioner/mentor who has agreed to support the candidate throughout the education programme? |  |  |  |
| Do all stakeholders at unit level have access to the NMBI (2020) “Nurse Authority to Refer for Radiological Procedures: Standards and Requirements for Education Programmes”(which includes programme learning outcomes, standards and required competencies)? |  |  |  |
| Can you confirm the name of the nurse/midwife applying for the education programme is a Registered Nurse or a Registered Children’s Nurse on the active Register maintained by the NMBI? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Management** |  |  |  |
| Do you have in place a local health service provider“Nurse and Midwife Authority to Refer for Radiological Procedures” policy, procedure, protocol or guideline (PPPG)? Health service providers can adopt the“HSE National Nurse and Midwife Authority to Refer for Radiological Procedures Guideline” (ONMSD, 2021) and develop addenda regarding local governance arrangements if they so wish |  |  |  |
| Do you have risk management systems in place? |  |  |  |
| If yes, is there a process for; |  |  |  |
| * Reporting and monitoring of adverse event/incident |  |  |  |
| * Reporting and monitoring of near misses |  |  |  |
| * Reporting and monitoring of referral errors |  |  |  |
| **Audit and Evaluation** |  |  |  |
| Do you have in place or are you planning to put in place an agreed schedule for routine audit of nurse/midwife Referrals for Radiological Procedures? |  |  |  |

|  |  |
| --- | --- |
| **Signatures** | |
| **Name of Director of Nursing/Midwifery/Head of Service/Service Manager/Designate**: (Block Capitals) |  |
| Work Location/Department: |  |
| Contact telephone number: |  |
| Work email address: |  |
| Signature: |  |
| NMBI Number (If relevant): |  |
| Date: |  |
| **Name of Medical Practitioner/Mentor:** (Block Capitals) |  |
| Work Location/Department: |  |
| Contact telephone number: |  |
| Work email address: |  |
| Signature: |  |
| Medical Council Registration Number (MCRN): |  |
| Date: |  |
| **Name of Head of Radiology (Consultant Radiologist):** (Block Capitals) |  |
| Work Location/Department: |  |
| Contact telephone number: |  |
| Work email address: |  |
| Signature: |  |
| Medical Council Registration Number (MCRN): |  |
| Date: |  |

**Check List**

If you are employed by the HSE or HSE funded agencies (Section 38) and have not applied for funding to undertake the “nurse/midwife referral for radiological procedures education programme”, as a standalone programme, you must complete an electronic funding application form available at: <https://healthservice.hse.ie/about-us/onmsd/education-and-continuous-professional-development/cpd-for-nurses-and-midwives/onmsd-sponsorship-schemes/medical-ionising-radiation-procedures.html>

|  |  |  |
| --- | --- | --- |
| **Each of the following must be ticked as evidence of completion** | | |
| **1.** | The form is fully completed. Incomplete forms will be returned to you and may not be considered |  |
| **2.** | This fully completed form must be submitted to the relevant HEI/ RCNME as part of the application process by the application closing date |  |
| **3.** | The name of the applicant on the application form is the name by which they are registered with the NMBI and which will appear on their student ID card, college records and parchment |  |
| **4.** | A copy of this completed form has been retained by the employer |  |
| **5.** | If you are employed by the HSE or a HSE funded agency (Section 38) please confirm that you have applied to the ONMSD HSE for funding for this education programme. |  |

Applicant’s Name as per NMBI Registration (Block Capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NMBI PIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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