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| **Applicants Declaration of Understanding**  **I understand that any financial support made available to me for my programme of study will be subject to the following conditions:**  As per HSE HR Circular 020/2014 page 2 point 3, ‘successful applicants for sponsorship will be required to give a written undertaking to their employing public health service agency that they will, following successful completion of the programme, work for their employing agency for a minimum period of twelve months or for the length of the academic course undertaken, whichever is longer.’  I shall be liable to repay the programme fees to the HSE (employing public health service agency) if:   * + I do not complete my programme   + After the completion of my programme I cease working in my employing public health service agency and have not worked for a minimum period of 12 months or for the length of the academic course undertaken, whichever is longer or   I understand that no funds will be provided for repeat modules, units of study, deferrals. Such fees will be borne by me.   1. I understand that my personal data to include my name, name of employing hospital , and status of student, i.e. success rate, %s, deferrals, attritions, repeat examinations will be processed between the HSE and Third Party (Higher Education Institute) for the purpose of performance monitoring against contract and compliance with HSE HR Circular 020/2014.   **I agree with all of the above.**  **Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Line Manager Declaration (or delegated authority authorised by DON/M)

**I have held a discussion with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ regarding this application.**

**I (a) am satisfied that the applicant fulfils the service requirement for this sponsorship as per HSE HR Circular 020/2014 & funding approved by the ONMSD and (b) agree to monitor and action any non-compliance as per HSE HR Circular 020/2014.**

Name *(in block capitals)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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