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**Certificate in Emergency Nursing**

**Applicants Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**To be completed by Line Manger (ADoN or above):**

I confirm that ……………………………. (applicant’s name) has been approved to undertake the Certificate in Emergency Nursing course commencing on ………………………… (start date).

I confirm that ……………………………. (applicant’s name) will be employed in an Emergency or Injury Unit for the duration of the Certificate in Emergency Nursing course.

**Signed:**

**Date:**

**To be completed by the applicant:**

I confirm that I have identified a suitably qualified clinical practice supervisor to assess and support me during the Certificate in Emergency Nursing course.

I consent to the course leader/lecturer contacting my manager/clinical supervisor from time to time regarding but not limited to learning supports/opportunities/barriers relating to programme completion.

Where sponsorship has been agreed, I consent to SETU sharing the information included on this form with the finance department of the lead IOT and the HSE/Private Organisation in order to process payment of fees.

**Signed:**

**Date:**