



## Site Declaration Form

### Requirements for the Nurse and Midwife Medicinal Product Prescribing Education Programme

Applicants must fully complete all parts of this form in consultation with the Director of Nursing/Midwifery/ Service Manager/ Designate. The completed form MUST be submitted to the Higher Education Institution (HEI) as part of the application process. Applicants employed in the statutory and voluntary services of the Health Services Executive (HSE) MUST also email this completed form to [nurse.prescribing@hse.ie](mailto:nurse.prescribing@hse.ie) by the closing date. This is a requirement as part of the application process to secure funding for the applicant by the HSE.

This form is necessary to enable the National Nurse Midwife Medicinal Product Prescribing Team to validate registration of the applicant with the HEI, to ensure applicant fees are paid directly by the Office of the Nursing and Midwifery Services Director (ONMSD) HSE to the HEI.

Incomplete forms will be returned to you and your application may not be considered.

Site Declaration (Please type in details)	
Applicant's Name:	
NMBI PIN:	
Grade (e.g. Staff Nurse/Midwife/CN/MM):	
Clinical area:	
Phone Number:	
Email Address (work if possible):	
Health Service Provider /Employer Name:	
Director of Nursing/Midwifery/Service Manager/ Designate:	
Prescribing Site Coordinator (PSC) name:	
Higher Education Institute (College):	
Cohort (e.g. commencement date):	

The above information will be populated onto the Office of the Nursing and Midwifery Services Director (ONMSD) "HSE Nurse/Midwife Prescribing Database" employed in the statutory and voluntary services of the Health Services Executive (HSE) who are funded by the HSE to undertake the education programme. The main purpose of the database is to provide one national searchable database, which is only accessible by members of the HSE ONMSD Prescribing team to;



- Monitor the progress of each nurse and midwife funded by the HSE from commencement of the education programme and following registration as a RN/MP
- Allow ease of data retrieval to generate standard and drillable reports at local, regional and national level.

**Reports on Nurse/Midwife Medicinal Product Prescribing are generated by using the information from this database. Personal details are not disclosed for these reports. The data is only used for statistical purposes.**

Criteria for the Health Service Provider	Yes	No	Comment/Evidence
<b>Governance</b>			
Do you have in place local governance arrangements to oversee the introduction and implementation of nurse and midwife medicinal product prescribing?			
Do you have in place a named prescribing site coordinator (PSC) delegated by the director of nursing/midwifery/ service manager/ designate to have responsibility for the initiative locally and for liaising with the HEI?			
Do you have clinical indemnity arrangements in place for nurse/midwife medicinal product prescribing? (Please note the Clinical Indemnity Scheme managed by the State Claims Agency indemnifies employees of the statutory and voluntary services of the HSE).			
Do you have in place a firm commitment by the health service provider's senior management to support the introduction of nurse/midwife medicinal product prescribing?			
For HSE statutory and voluntary services 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? (as outlined in the Declaration/Undertaking in respect of Third level Academic fees).			
Following successful completion of the education programme, do you agree to support the candidate/s timely registration with NMBI as a registered nurse/midwife prescriber (RN/MP) within <b>four weeks</b> ?			
For candidates employed in the HSE statutory and voluntary services (only), can you confirm that the RN/MP will have access to a computer, email and internet for data collection purposes where required and agreed locally?			
Have you identified a medical practitioner/mentor who has agreed to support the candidate throughout the education programme?			
Can you confirm that the name of the nurse/midwife applying for the education programme is on the active register maintained by the Nursing and Midwifery Board of Ireland (NMBI) i.e. has current active registration?			
<b>Risk Management</b>			
Do you have in place a local health service provider's medicinal product prescribing policy, procedure, protocol or guideline (PPPG)? Health service providers can adopt			



the <i>HSE National Nurse and Midwife Medicinal Product Prescribing Guideline (2020)</i> 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;			
<ul style="list-style-type: none"> <li>● Reporting and monitoring of adverse event/incident</li> </ul>			
<ul style="list-style-type: none"> <li>● Reporting and monitoring of near misses</li> </ul>			
<ul style="list-style-type: none"> <li>● Reporting and monitoring of medication errors</li> </ul>			
<b>Audit and Evaluation</b>			
Do you have in place or are you planning to put in place an agreed schedule for routine audit of nurse/midwife medicinal product prescribing practice? The <i>Nurse and Midwife Prescribing Data Collection System</i> is available for local use as a support for monitoring and clinical audit.			

<b>Printed name</b> of the Director of Nursing/Midwifery/ Service Manager/Designate:	
Name of Health Service Provider:	
Telephone number:	
Email:	
Signature:	
NMBI PIN:	
Date:	
<b>Printed name</b> of the Medical Practitioner/Mentor	
Name of Health Service Provider:	
Telephone number:	
Email:	
Signature:	
MCRN:	
Date:	



### Declaration /Undertaking in Respect of Third level Academic Fees

Applicant’s Declaration/Undertaking in respect of Third level Academic fees for Nurse/Midwife Medicinal Product Prescribing Programme

**On successful completion of the education programme I will be required to:**

1. Provide my employing agency with evidence of my successful completion of the programme as per HSE HR Circular 020/2014 Section 9
2. Inform the HSE ONMSD National Nurse Midwife Medicinal Product Prescribing Team by email at [nurse.prescribing@hse.ie](mailto:nurse.prescribing@hse.ie).

I understand that proposed leave entitlements will be subject to staffing demands at the time. I further agree that the entirety of the course fees paid by the HSE on my behalf will immediately become due and owing by me to the HSE if I:

- a) Do not complete the programme successfully within the time frame designated by the relevant Higher Education Institution
- b) Cease employment with the Health Service Executive before I have successfully completed the programme
- c) Cease employment with the Health Service Executive at any time following successful completion of the programme within the period of twelve months or for the length of the academic course undertaken.

*I agree to repay the amount of fees paid for me in respect of this programme and salary on a pro rata basis for full time programmes.*

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

*Director of Nursing/Midwifery/Service Manager/Designate Approval and Sign-Off*

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

*Director of Nursing/Midwifery/Service Manager/Designate Comments (optional)*



## Check List

Each of the following must be ticked as evidence of completion

1	The form is <b>fully</b> 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 as part of the application process by the application closing date.	
3	A copy of this completed form must be emailed to <a href="mailto:nurse.prescribing@hse.ie">nurse.prescribing@hse.ie</a> by the closing HEI's application date by nurses and midwives employed in the Statutory and Voluntary services of the HSE.	
4	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.	
5	A copy of this completed form has been retained by the Employer.	

Name: \_\_\_\_\_

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

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

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