



UCD School of  
Nursing, Midwifery  
and Health Systems



UCC  
University College Cork, Ireland  
Coláiste na hOllscoile Corcaigh



NUI Galway  
OÉ Gaillimh



Trinity College Dublin  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin



UNIVERSITY OF  
LIMERICK  
OLLSCOIL LUIMNIGH

**If you have successfully completed a nurse/midwife prescribing of medicinal products programme previously please complete the box below.**

**If you have not successfully completed a nurse/midwifery prescribing of medicinal products programme please proceed to completing the site declaration form below.**

**I have successfully completed a nurse/midwife prescribing of medicinal products programme previously:**

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

**Institution and Year:** \_\_\_\_\_

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

### 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  
Applicant** \_\_\_\_\_

Position \_\_\_\_\_  
(Staff Nurse / CNM / CNS 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 \_\_\_\_\_

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

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

<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Comment/Evidence</b>
<b>Safe Management</b>			
Do you have in place an <i>Organisational Policy for Nurse and Midwife Medicinal Product Prescribing</i> (or will a policy be in place by the time the nurse or midwife completes the course)?			
Can you demonstrate an ability to safely manage and quality assure prescribing practices?			
Do you have risk management systems in place?			
If yes, is there a process for:			
• Adverse event reporting?			
• Incident reporting?			
• Reporting of near misses?			
• Reporting of medication errors?			
<b>Practice and Education Development</b>			
Do you have in place appropriate mentoring arrangements with a named medical mentor? (Please identify name).			
Do you have in place robust and agreed collaborative practice arrangements? (if not already existing, will it be in place by the time the nurse or midwife completes the education programme?)			
Have you identified a named medical practitioner(s)/mentor who has agreed to develop and agree the collaborative practice arrangements?			
Can you confirm that the name of the nurse or midwife applying for the education programme, is on the Live Register of Nurses maintained by NMBI i.e. have current active registration?			PIN No:
Do you have in place a commitment to continuing education for staff supporting the prescribing initiative?			
For HSE statutory and voluntary services, will you have in place a sponsorship agreement at local (service) level setting out the arrangements for study leave and financial support for the candidate?			
<b>Health Service Provider</b>			
Do you have in place or have access to a <i>Drugs and Therapeutics Committee</i> ? (If no, please describe how this will be achieved).			
Do you have in place local arrangements to oversee the introduction of a new practice in prescribing and ensure local evaluation?			
Do you have in place a named individual (Prescribing Site Coordinator) delegated by the Director of Nursing to have responsibility for the initiative locally and for liaison with the educational provider? For students employed in the voluntary and statutory services of the HSE the Prescribing Site Coordinator will also liaise with <i>Office of the Nursing Service Director</i> (please supply name).			

Have you established the clinical indemnity arrangements for nurse/midwife prescribing? (please note the Clinical Indemnity Scheme managed by the Sate Claims Agency covers employees of the voluntary and statutory service of the HSE)			
<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Comment/Evidence</b>
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 introduction of this prescribing initiative?			
<ul style="list-style-type: none"> <li>For students employed in the HSE voluntary and statutory services (only): will your organisation comply with and ensure data input for <i>Nurse and Midwife Prescribing Data Collection System</i>?</li> <li>For all other health service providers – can you confirm that you will have a process for monitoring prescribing activity?</li> </ul>			
For students employed in the voluntary and statutory services (only) can you confirm that the Registered Nurse Prescriber will have access to a computer, email and internet for data input to the <i>Nurse and Midwife Prescribing Data Collection System</i> ?			
Will your organisation share details of the Registered Nurse Prescribers scope of practice and prescriptive authority with relevant health professionals?			
<b>Audit and Evaluation</b>			
Do you have in place or are you planning to put in place a mechanism to audit the introduction of nurse/midwife prescribing practices?			
How many hours per weeks do you work in your clinical area?			

<b>Printed name</b> of the Director of Nursing/Midwifery/Public Health Nursing/or relevant Nurse/Midwife manager:		<b>Printed name</b> of the Medical Practitioner/Mentor	
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 Nurse/Midwife manager:

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

**Signed by** the Medical Practitioner/Mentor:

\_\_\_\_\_

Medical Council Number \_\_\_\_\_

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

**Please check the following:**

1. The form is fully completed. Incomplete forms will not be considered
2. Your mentor is aware of the mentorship requirements as set out in this form. The mentor can contact the programme co-ordinator 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.

**Please Note:** For students employed in the voluntary and statutory services of the HSE a copy of this *Form* will be sent to the Office of the Nursing Services Director, Quality and Clinical Care Directorate, Health Service Executive.