



DECLARATION FORM

To be signed by the Director of Nursing

Date: _____

Programme Title: **National Foundation Education Module in Critical Care Nursing**

Student's name: _____

(as on Nursing and Midwifery Board of Ireland Register)

Student's number: _____

Student's Address: _____

Telephone No: Home _____ Work: _____

Email address: _____

In what capacity do you work? Job Share _____ Part time _____ Full time _____

If Part Time/Job Sharing, how many hours per month do you work? _____

Are you engaged in day and/or night duty? Day _____ Night _____

Students must be engaged in relevant clinical practice for a minimum of 78 hours per month for the duration of the programme for which they have applied.

I (Director of Nursing/Midwifery)..... verify that the above named student is currently engaged in nursing/midwifery practice relevant to the programme and will be supported by the hospital to receive the necessary clinical experience required to successfully complete the programme.

Signature: _____

Director of Nursing/Midwifery

Student's Employment Address: _____

Area of Clinical Practice: _____



CLINICAL COMPETENCE ASSESSOR NOMINATION FORM

Re: **National Foundation Education Module in Critical Care Nursing**

As part of the requirements of the above module, students are assessed in their own respective clinical environments. In consultation with your Clinical Nurse Manager(s), please nominate an Assessor who is willing to undertake this process in collaboration with the Module Leader (Dr. Seán Kelleher, School of Nursing and Midwifery, UCC). The Module Leader will contact the Assessor on receipt of this information from you.

The Assessor must meet the following criteria:

- Be a registered nurse with professional qualifications appropriate to the specialty.
- Have at least two years' experience in the area of specialist nursing practice.
- Have completed preceptor training. This can be attained via HSEland.
- Prior experience in assessing student learners is desirable.

Please return the completed slip below with your application.

National Foundation Education Module in Critical Care Nursing

Student's Name: _____

Hospital: _____

Name of Assessor: _____

Assessor's Position: _____

Assessor's Telephone: _____

Assessor's E-mail: _____

Signature of Clinical Nurse Manager(s) _____



PROFESSIONAL REFERENCE FORM

Programme Applied for: **National Foundation Education Module in Critical Care Nursing**

Name of Candidate

Address of Candidate _____

To the referee:

Dear Sir or Madam,

I would be grateful if you would complete this form to provide a reference for the applicant above. No final decision can be made concerning this application until references are received, so I would be grateful for your urgent attention to this request.

Please return form to the candidate as it is his/her responsibility to upload this reference onto their UCC application form.

Yours sincerely,

Dr. Seán Kelleher

Director of the National Foundation Module in Critical Care Nursing, UCC.

School of Nursing and Midwifery

Brookfield Health Sciences Complex

University College Cork

Please give your assessment of the applicant's suitability for the programme with regard to all of the following 6 categories.

1. Quality of decision making:

2. Initiative:

3. Ability to work without direct supervision:

4. Sensitivity to and tolerance of others:

5. Attendance:

6. Other abilities you think will support the candidate in this application:

All information will, of course, be treated with strict confidence.

Referee name: _____

Referee signature _____

Position of Referee: _____ Date _____

Institution: _____