

UNDERGRADUATE REGISTRATION FORM

This form should be completed if you have successfully completed a Nursing and Midwifery Board of Ireland (NMBI) approved undergraduate nursing or midwifery programme in Ireland.



Read the following before completing this form

It should take approximately 10-15 working days to process this form, once it is completed correctly.

Please ensure you:

1. Complete in BLOCK CAPITAL letters
2. Make sure your Higher Level Institution (HEI) and linked Health Care Facility have also signed, stamped and dated the form

This table should assist you in completing the seven sections of this form.

A	<ul style="list-style-type: none">✓ This section must be completed by you✓ You also need to sign and date it
B	<ul style="list-style-type: none">✓ Your Higher Level Institution (HEI) must complete and stamp this section✓ If you have taken longer than normal to complete the programme, the HEI must confirm this at time of application
C	<ul style="list-style-type: none">✓ The linked Health Care Facility must complete and stamp this section
D	<ul style="list-style-type: none">✓ This section is only for those who have undertaken the Integrated (General and Children's) programme✓ It must be completed, signed and stamped by the linked Health Care Facility
E	<ul style="list-style-type: none">✓ Read the Data Protection Statement and sign and date it
F	<ul style="list-style-type: none">✓ Examples of the actual or possible use of personal data relating to section E
G	<ul style="list-style-type: none">✓ Complete Debit/Credit Card mandate

Returning your form

- Check that you have returned all pages
- Failure to complete and provide signatures will result in a delay in processing your application

You should send the form to:

Undergraduate Registration,
Registration Department,
Nursing and Midwifery Board of Ireland (NMBI)
18/20 Carysfort Avenue,
Blackrock,
Co. Dublin.

A

This section **MUST** be completed by the candidate.

I am applying for registration in the following division(s) of the Register (please ✓ appropriate box)

GENERAL NURSE	<input type="checkbox"/>	MIDWIVES	<input type="checkbox"/>	PSYCHIATRIC NURSE	<input type="checkbox"/>
INTELLECTUAL DISABILITY NURSE	<input type="checkbox"/>	INTEGRATED	<input type="checkbox"/>		

(General and Children's Nursing)

CANDIDATE NUMBER ▶

Your candidate number is your unique identifier with NMBI. You will find it on your NMBI Candidate Certificate, which we issued to you during the first year of your programme. Please note that number is not the same as your HEI student number

SURNAME ▶

(as per NMBI Candidate Register)

FORENAME ▶

DATE OF BIRTH ▶

D D M M Y Y Y Y

Please note: If you have changed your surname, attach a certified copy of your passport, marriage certificate or Deed Poll. Find out what a certified copy is at www.NMBI.ie/Registration in the *Join the Register* section

ADDRESS ▶

LANDLINE ▶ MOBILE ▶

EMAIL ▶

Please note: You must keep your contact details up-to-date. You can update your contact details online on the My Account section www.NMBI.ie/Registration

EMPLOYMENT DETAILS ▶

(if you have secured employment pending registration with NMBI, then enter your place of employment above)

I declare that I am a person of good character and am not guilty of any offence that would discredit the nursing and midwifery professions. I also declare that I am of good physical and mental health and am fit to practise nursing/midwifery.

SIGNATURE ▶ DATE ▶

B This section **MUST** be completed by the designated person in your Higher Education Institution (HEI)

If the candidate has taken longer than the normal time frame to complete the programme (for example, due to deferral, repeating exams/placements or taking time out for personal reasons), the candidate's HEI must confirm this and attach it to the application form. NMBI will query any unexplained extended training dates with a HEI, and this can cause delays in processing the application

I hereby certify that

▶

(name of applicant)

has successfully completed the requirements for the achievement of a Registration / Degree Programme in Nursing/Midwifery as provided by the academic authority in:

▶

(name of Third Level Institution)

and has attended the clinical placements and has achieved the required competencies in accordance with The Requirements and Standards for the Nurse/Midwifery Registration Education Programmes.

FROM ▶ TO ▶
D D M M Y Y Y Y D D M M Y Y Y Y

I certify that the above named person is, to the best of my knowledge, of good character and not known to have been guilty of any offence which would discredit the nursing/midwifery profession. I further certify that at the time of this certificate being issued, to the best of my knowledge, the above named person is of good physical and mental health and is fit to practice nursing/midwifery.

SIGNATURE ▶

PRINT NAME ▶

TITLE ▶

EMAIL ▶

DATE ▶
D D M M Y Y Y Y

▶

STAMP/SEAL
OF HEI

C

This section **MUST** be completed by the Director of Nursing or designated signatory approved by the Director of Nursing/Midwifery in the linked Health Care Facility.

SIGNATURE ▶

PRINT NAME ▶

TITLE ▶

EMAIL ▶

DATE ▶
D D M M Y Y Y Y

▶
STAMP/SEAL OF
LINKED HEALTHCARE
FACILITY

D

This section **MUST** be completed for applicants who have undertaken the **Integrated (General and Children’s programme)** in addition to Part B, as NMBI requires sign off from both the General and Children’s linked Health Care Facility.

SIGNATURE ▶

PRINT NAME ▶

TITLE ▶

EMAIL ▶

DATE ▶
D D M M Y Y Y Y

▶
STAMP/SEAL OF
HEALTHCARE
FACILITY

E

You must read the following data protection statement and sign and date it.

It is necessary for NMBI to collect and record certain personal data relating to each nurse and midwife and candidate nurse and midwife including the name, address, practice division, telephone number, mobile number, email address, date of birth and academic qualifications.

Personal data may also be information concerning such individuals arising from the carrying out by the NMBI of its regulatory functions under the Nurses and Midwives Act 2011 and regulations made thereunder including personal sensitive data such as information relating to the commission or alleged commission of a criminal offence. All personal data will be processed in accordance with the Data Protection Acts 1988 and 2003.

The personal data by the NMBI may be used by the NMBI for administration, management and marketing purposes as well as in pursuance of the NMBI's regulatory functions. See Section F for examples of the actual or possible uses of such personal data. You have the right to request in writing a copy of any personal data about yourself that is held by the NMBI and have such data amended if it is incorrect, incomplete or misleading.

I declare that I have read the Data Protection Statement set out above.

SIGNATURE



DATE



For examples of the actual or possible use of personal data relating to a nurse and/or midwife or candidate nurse and/or midwife please see Section F on page 6 of this form.

F The following are examples of the actual or possible use of personal data relating to a nurse and/or midwife or candidate nurse and/or midwife (“NMBI member”) include the following:

- Publication of the Register of Nurses and Midwives and Candidate Register (online and in paper);
- Reference to a NMBI member on the Register of Nurses and Midwives and on the Candidate Register;
- Reference to a NMBI member on the NMBI’s website (including any search facility);
- Circulation of an electronic NMBI’s newsletter (eZine) to a NMBI member which may include or be accompanied by commercially-related material;
- Statutory and regulatory compliance;
- Process payment details (such as credit or laser cards) to fulfil orders placed by a NMBI member;
- Provision of personal information by the NMBI relating to (amongst others) the cancellation, removal or suspension of a NMBI’s member registration to relevant third parties (including but not limited to the HSE as well as, where it is in the public interest to do so, the public).

G

The initial registration fee for applicants who trained in Ireland is **€145**. Please ensure your Debit/Credit Card is current and there are sufficient funds to meet the payment.

CANDIDATE NUMBER ▶

APPLICANT'S NAME ▶

By signing this form, I authorise the Nursing and Midwifery Board of Ireland to deduct the appropriate fee from my credit/debit card:

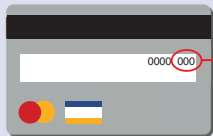
CARD TYPE ▶   

CARD NUMBER ▶

EXPIRY DATE ▶ /

CSV NUMBER ▶

(CSV Number is the three digit code on the back of the card in the top-right corner of the signature box as indicated below.)



CSV number

CARD HOLDER NAME ▶

(as per card)

SIGNATURE ▶

(of card holder)

For office use only: Candidate No: _____

Transaction No: _____