

**Verification of Category 2 or Equivalent Post – Registration Qualification Completed IN Ireland Application Form**

**Note!**

Only apply for the NMBI Verification of Category 2 or Equivalent Post - Registration Qualification if you have a recognised post - registration qualification awarded by a Higher Education Institution (HEI) such as ***Post Graduate Certificate***, ***Post Graduate Diploma/ Higher Diploma***, ***Master’s Degree*** that is **directly related** to your area of nursing/midwifery practice or speciality.

**Privacy Notice**

Nursing and Midwifery Board of Ireland of 18-20 Carysfort Avenue, Blackrock, Co. Dublin, Ireland is a data controller for the purpose of the relevant data protection law including the General Data Protection Regulation.

We collect personal data from you (including special categories of personal data) in accordance with our [Privacy Notice](https://www.nmbi.ie/Footer-Pages/Privacy-Statement).

In particular, we use personal data:

• Where we need to comply with a legal or regulatory obligation including our obligations under the Nurses and Midwives Act 2011 (as may be amended or updated from time to time);

• For the purpose of the performance of a contract between us; and/or

• For the purpose of a task carried out in the exercise of our official functions including under the Nurses and Midwives Act 2011 (as may be amended or updated from time to time).

Please [click here](https://www.nmbi.ie/NMBI/media/NMBI/How-We-Use-Your-Personal-Data-Table_1.pdf) for further details on how we use your personal data and the legal basis on which we process your personal data.

Please address any questions, comments and requests regarding our data processing practices to [DataProtection@nmbi.ie](mailto:DataProtection@nmbi.ie)

**NMBI Reference No: \_\_\_\_\_\_**

(*For NMBI use only)*

**Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Information** | | | | |
| Name |  | | | |
| NMBI PIN |  | | | |
| Home address |  | | | |
|  | | | |
|  | | | |
| Email address |  | | | |
| Contact Number |  | | | |
| **Workplace information** | | | | |
| Workplace Name |  | | | |
| Workplace Address |  | | | |
|  | | | |
|  | | | |
| **Academic information** | | | | |
| Title of Post- Registration Course |  | | | |
| Date of Study |  | | | |
| Name of University/College/ Institute |  | | | |
| Is your Post – Registration Qualification **directly** related to your area of Nursing/ Midwife Speciality or Area of Practice? | **Yes** |  | **No** |  |
| Area of Nursing Speciality (e.g. Gerontology, Palliative Care, Intellectual Disability, Psychiatry, ICU, Theatre, Medical, Surgical) |  | | | |
| Are you currently working in your Speciality? | **Yes** |  | **No** |  |
| The purpose of your verification request is to apply for a Qualification Allowance? | **Yes** |  | **No** |  |
| Other reasons: | | | | |

**Verification of Category 2 or Equivalent Post – Registration Qualification Completed IN Ireland**

|  |  |
| --- | --- |
| **Requirements:**   * Submit a **certified copy** (see note below) of your college transcript of records and diploma. * Do not submit original documents. * Incomplete application will not be reviewed by NMBI. * Review the checklist before submitting an application. * All documents submitted to NMBI will not be returned to the applicant.   **Note:**  Certified copies of documents may be obtained by bringing the original document and a photocopy of the document to your University/College, Solicitor or Commissioner of Oaths, and having the photocopy certified and officially stamped as a true copy of the original.  Non-certified photocopied copies of transcripts and diploma are not acceptable and applications containing photocopied documents will not be reviewed.  **Note: Please allow up to 8 weeks for review of the application.** | |
| **Submit The Following Required Documents** | **Tick the box if attached/ completed** |
| 1. **Certified Photocopy of College Diploma** |  |
| 1. **Certified Photocopy of Transcript of Records** |  |
| 1. **Completed and Signed Application Form** |  |

**Please post back application form and required documents to the Professional Standards Department, 18/20 Carysfort Avenue, Blackrock, Co. Dublin.**

**Note: You will receive a confirmation email from NMBI once we received your application form and the required documents.**