

ADVANCED PRACTICE SITE ROTATION FORM

This form should be completed by the Director of Nursing/Director of Midwifery to seek approval for rotation of RANPs/RAMPs between accredited sites.



Read the following before completing this form

1. Complete in BLOCK CAPITAL letters and black ink
2. This form must only be completed by the Director of Nursing/Director of Midwifery responsible for RANPs/RAMPs

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

A	✓ This section must be completed by the Director of Nursing/Director of Midwifery responsible for RANPs/RAMPs
B	✓ This section must be completed by Director of Nursing/Director of Midwifery responsible for RANPs/RAMPs
C	✓ This section must be completed by Director of Nursing/Director of Midwifery responsible for RANPs/RAMPs
D	✓ This section must be signed and dated by Director of Nursing/Director of Midwifery
E	✓ This section must be signed and dated by each RANP/RAMP involved in rotation between accredited sites

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:

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

A

Details of RANPs/RAMPs who will rotate between accredited sites. This section must be completed by the Director of Nursing/Director of Midwifery.

							
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[illegible][illegible]

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[illegible][illegible]

B

Rationale for proposed rotation of RANPs/RAMPs to be completed by the Director of Nursing/Director of Midwifery

Please outline the rationale for the rotation of RANP/RAMP, with reference to the arrangements for continuity of service

C List of accredited sites that will be involved in rotation of RANPs/RAMPs.

Name of Site, Director of Nursing/Director of Midwifery and Consultant Physician

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D Declaration of clinical governance by the Director of Nursing/Director of Midwifery

I declare that clinical governance is in place to support the named RANPs/RAMPs to rotate between the above named accredited sites

SIGNATURE ▶

DATE ▶

(Director of Nursing/Director of Midwifery)

E Declaration of adherence to scope of practice by each RANP/RAMP.

I declare that I will work within my scope of practice and continue to meet the competencies of advanced practice in all accredited sites.

I will report professionally to the Director of Nursing/Director of Midwifery in each site and I will be clinically accountable to the Consultant Physician in each site as outlined in Part C above.

SIGNATURE ▶

DATE ▶

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We collect personal data from you (including special categories of personal data) in accordance with our [Privacy Notice](#).

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](#) 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