ADVANCED PRACTICE SITE ROTATION FORM

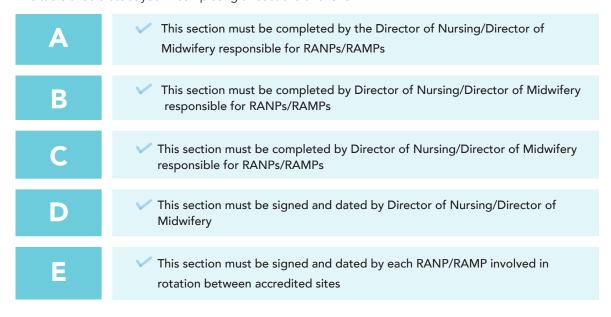


This form should be completed by the Director of Nursing/Director of Midwifery to seek approval for rotation of RANPs/RAMPs between accredited sites.

Read the following before completing this form

- 1. Complete in BLOCK CAPITAL letters and black ink
- 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.



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.



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

| NMBI PIN | | | | | | | | |
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| SURNAME | | | | | | | | |
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| 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 | | | | | | | | |
| | le for the rotation of RANP/RAMP, with reference to the arrangements for contin | uity | | | | | | |
| | le for the rotation of RANP/RAMP, with reference to the arrangements for contin | uity | | | | | | |
| | le for the rotation of RANP/RAMP, with reference to the arrangements for contin | uity | | | | | | |
| | le for the rotation of RANP/RAMP, with reference to the arrangements for contin | uity | | | | | | |



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

| Declaration of clincal 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 DATE I declare that I will work within my 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 DATE | Name of Site, Di | irector of Nursing/Director of Midwi | fery and Consultant P | Physician | |
|--|--------------------|--|-------------------------|---|-------------|
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| the Consultant Physician in each site as outlined in Part C above. | | Il work within my scope of practice an | nd continue to meet the | e competencies of advanced practic | e in all |
| SIGNATURE DATE | | | | each site and I will be clinically acco | ountable to |
| | SIGNATURE | > | DATE | • | |
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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.

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 <u>DataProtection@nmbi.ie</u>