**Compensation Measures for Nurses/Midwives Educated Outside of Ireland Leading to Registration:** **Adaptation and Assessment Programme Provider**

**Application/Revalidation Form**

**\*PLEASE NOTE: Form to be completed in word and submitted to educationandguidance@nmbi.ie**

**Please select the appropriate box**

**First Time Applicant**

**Revalidation**

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Adaptation and Assessment Programme provider** |  |
| Address |  |
| Phone number |  |
| Email |  |
| **Director of Nursing/Midwifery** |  |
| Address |  |
| Phone number |  |
| Email |  |
| **Adaptation and Assessment Programme Lead** |  |
| Address |  |
| Phone number |  |
| Email |  |

**ADAPTATION AND ASSESSMENT PROGRAMME INFORMATION**

|  |  |
| --- | --- |
| Proposed number of applicants per programme |  |
| Profile of proposed practice placement areas |  |

**STANDARDS AND REQUIREMENTS FOR THE APPROVAL OF THE ADAPTATION AND ASSESSMENT PROGRAMME**

**\*Please submit electronic copies of evidence and or hyperlinks to support this application**

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|  | **Evidence** |
| 1. Evidence of one week of theory and the timetable for the programme, which includes the suggested content topics as per the NMBI Compensation Measures for Professionals Educated Outside of Ireland (2019). |  |
| 1. The programme must consist of a minimum of one week of theory (35hrs) plus six-weeks practice placement (225hrs).   The entire programme must not exceed 12 weeks (447.5hrs). |  |
| 1. A copy of the student handbook that aligns with the NMBI Compensation Measures for Nurses Trained Outside of Ireland (2019) and Competence Assessment Tool for Midwives (2015). |  |
| 1. Candidates and assessors are provided with education and support to understand cultural differences in the Irish health care system. |  |
| 1. Dedicated programme coordinator to oversee and support candidates. |  |
| 1. Clear governance structure demonstrating collaboration between the Director of Nursing/Midwifery and the programme provider. |  |
| 1. Sufficient numbers of trained assessors, who have completed the preceptorship training programme, to support candidates working in a supernumerary capacity. Indicate the number of preceptors/number of staff that are trained preceptors |  |
| 1. The clinical learning environment is approved as per the NMBI requirements. |  |
| 1. The Director of Nursing/Midwifery will sign off on the eligibility form at the end of the period adaptation and assessment and is responsible for it to returned to the NMBI, in a timely manner. |  |
| 1. Reports and actions of appeal decision upheld in the last two years. |  |

We declare that the Adaptation and Assessment Programme has met all the requirements of the NMBI Compensation Measures for Nurses Trained Outside of Ireland (2019) which incorporates the Nurse Registration Programmes Standards and Requirements (2016, 2022) **and /or** the Competence Assessment Tool for Midwives (2015) which incorporates the Practice Standards for Midwives (2022) and Midwife Registration Programme Standards and Requirement (2016).

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Director of Nursing/Midwifery

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Adaptation and Assessment Programme Contact Person/Lead

(Note: Please include signature and printed name)

**FOR NMBI USE**

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| **Education review date by Professional Officer, Education, Policy, and Standards Department** |  |
| **Further evidence received** |  |
| **Outcome of the review by the Professional Officer /Director of Midwifery** |  |
| **Date of recommendation forwarded to the Registration Department.** |  |