



Bord Altranais agus
Cnóimhseachais na hÉireann
Nursing and Midwifery
Board of Ireland

CHILDREN'S NURSING QUALIFICATION FORM

This form must be completed by the Higher Education Institution (HEI) for the Children's Nursing programme undertaken by the applicant. Once completed, it should be returned to the applicant. We may contact the HEI to clarify and validate the information provided.

This form can be used to record an applicant's qualification in **either** an undergraduate or post-graduate course in Children's Nursing. The HEI must complete a **separate form** for each programme.

Please note: If the applicant's undergraduate nursing programme is in a division other than Children's Nursing, that programme must be recognised first by the NMBI.

Applicant Name:

Start Date of Programme:

/ /

Date of Birth: (dd/mm/yyyy)

End Date of Programme:

/ /

/ /

Qualification Title:

Full-time or Part-time:

Please select from the drop down menu below

Undergraduate or Post-graduate:

Please select from the drop down menu below

Name of HEI/College:

Instructions for Higher Education Institutions

Sections A to C are to be completed by the Head of Nursing Education. Please ensure that all fields of the form are entered or a rationale is provided for incomplete fields.

Incomplete forms will not be processed and will be returned.

A

Please ensure that the transcript of training and the curriculum are sent to the applicant.

B

Complete the summary of education for the programme undertaken.

C

Read and sign the declaration.

Applicant Name:

SECTION A

Transcript and Curriculum

You will also need to provide the **official transcript** and **curriculum** relevant to the applicant's completed programme.

- The transcript **must contain a breakdown of education in clock hours**. Theory and clinical hours must be outlined separately.
- The curriculum must be relevant to the programme completed by the applicant.

Please tick to confirm you have provided the official transcript to the applicant.

(Dated, signed and stamped).

Please tick to confirm that you have provided the official curriculum or programme specification to the applicant.

(Dated, signed and stamped).

SECTION B

Summary of Education

Enter the clinical practice and theory instruction hours for the Children's Nursing programme completed by the applicant.

Clinical practice hours must refer to hours of **direct patient care** that are mentored, supervised and assessed. **Please note that clinical laboratory hours or simulated learning hours are counted as theory.**

If the transcript for the programme states 'units' or 'credits' of instruction, please enter the number of clock hours in a unit or credit in the table on the right.

Total hours of clinical practice

Total hours of theory instruction

Total of both theory and clinical practice

Number of weeks in a semester

Credits/Units

Equivalent Clock Hours

One clinical credit

One theory credit

One lab/simulated learning credit

One clinical unit

One theory unit

One lab/simulated learning unit

Applicant has Recognised Prior Learning (RPL) / Accredited Prior Experiential Learning (APEL)?

RPL/APEL Hours

Please record the **clock hours** that the applicant **completed** during the clinical practice component (**direct patient care**) of the programme. (Do not include clinical laboratory or simulated learning hours). You may wish to refer to the NMBI [standards and requirements for registration programmes](#).

Children's Nursing Programme

Clinical Practice Components (Direct patient care)	Clock hours
Health and Social Development of the Child	
Nursing children with medical/surgical disorders (including nursing infants under 1 year)	
Nursing children in emergency department (including outpatient department)	
Nursing children requiring high dependency care	
Specialist Placements	
Operating Theatre	
Maternity Care	
Intellectual Disability	
Community	
Other (please specify)	

If you are unable to provide the hours for a particular clinical practice component, or you are unable to complete any part of this form, please give the reason below:

SECTION C

Declaration and Contact Details

I certify that the information provided in this form represents a true outline of the theory and clinical practice of the applicant.

Signature:

HEI/College Website:

Print Name:

HEI/College Address:

Title or Position:

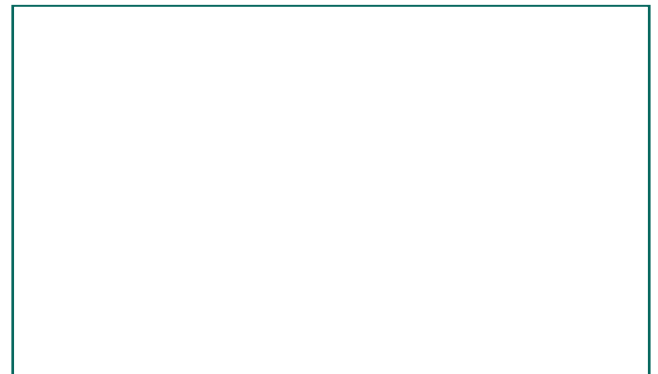
Work Email:

Official Stamp

HEI/College Official Email:

Date:

/ /

A large empty rectangular box with a thin black border, intended for an official stamp or signature.