



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

Humanitarian Permit Application Form

APPLICANT'S PERSONAL DETAILS

Surname:

Forename:

Address:

Contact Number:

Email address:

DETAILS FOR THE PURPOSE OF PERMIT

Please tick one of the following:

- a. Patient transfer (emergency and acute clinical care)
- b. Healthcare education programme that requires the nurse/midwife to be in a clinical area
- c. Accompanying a client/person for a social event
- d. Patient support for short term respite care

Dates service will be provided for: (NB Must not exceed 30 days)

From:

To:



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Employer Details

(Please provide details as evidence of indemnity insurance cover)

Name of Current Employer:

Contact Email for Employer:

Address of Current Employer:

Contact Phone Number for Employer:

Proof of Patient Transfer:

Yes

Signature of CEO/DON (confirmation of employment):

Please complete if you are undertaking an educational programme: (please provide evidence of programme registration)

Name of HEI/Hospital to undertake supervised clinical practice in:

Start Date:

End Date:

Title of Course:

Proof of Acceptance for the Programme: Yes

Please complete if you are accompanying a client/person for a short term respite or a social event (please provide evidence of participation in the event)

Name of social event/respite care:

Start Date:

Purpose at Event:

End Date:



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Registration Details

Country where currently registered:

Registration number:

Dates of registration to include initial date of registration and expiry date of registration:

From:

To:

Are you currently in good standing?

Yes

No

If you answer no to the above question, please give details

Fitness to Practise in progress?

Yes

No

If you answer yes to the above question, please give details



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Documents Required

- Certificate of current professional status from the country in which you are registered and providing this service on behalf of.
- Certified copy of valid passport (please see guide for approved list of certifying authorities).
- Evidence of professional indemnity.
- If you are attending a nursing/midwifery healthcare education programme, please include evidence of registration for this programme, and the name and address of the clinical setting attending.
- If you are transferring a patient, please include evidence of the patient transfer from the transferring facility, and the name and address of the healthcare setting destination.
- If you are accompanying a client/person for a social event please provide evidence of participation in the event.

Declaration

"I declare that I am a fit and proper person, my registration or licence was never refused/suspended/cancelled/restricted in any jurisdiction. I have no criminal convictions or pending investigations in any jurisdiction. I confirm that all the information provided by me in connection with this application is complete, accurate and true to the best of my knowledge."

Signature of Applicant:

Date: / /