



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

## MIDWIFERY QUALIFICATION FORM

This form must be completed by the Higher Education Institution (HEI) for the Midwifery 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 Midwifery. The HEI must complete a **separate form** for each programme.

**Please note:** If the applicant holds a postgraduate Midwifery qualification, their undergraduate nursing 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:**

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### Instructions for Higher Education Institutions

Sections A to C are to be completed by the Head of Midwifery 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.
- It must detail theoretical and clinical programme content and core Midwifery competencies

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 Midwifery 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](#).

Midwifery Programme	Clock hours
Clinical Practice Components (Direct patient care)	
Antenatal Area	
Intranatal Area	
Postnatal Area	
Midwifery-Led/Domiciliary Placement	
High Dependency Care and Care of the Critically Ill Woman	
Neonatal (SCBU/NICU/Neonatal clinic)	
Gynaecology	
Mental Health	
Theatre including Recovery	
Primary Healthcare (For example Primary Healthcare Team/Public Health Nurse/Child Development Clinics/ Family Planning Clinics)	
<b>Other</b> (please specify)	
Midwifery Clinical Practice Experience (directly related to the applicant's Midwifery programme)	Number of Cases
Antenatal Examinations performed	
Personal Deliveries	
Episiotomies	
Supervision, assessment and examination of Post Natal Women and their Babies	
New-Borns Requiring Special Care	

Attendance at Fetal Heart Rate Monitoring workshop(s)?

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:

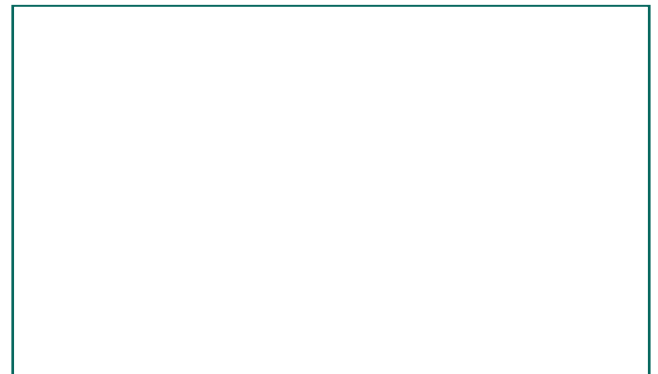
HEI/College Address:

Print Name:

Title or Position:

Work Email:

Official Stamp

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

HEI/College Official Email:

Date:

/ /