



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

QUALIFICATION FORM

Applicant Name:

Date of Birth:

Date:

Division:

Instructions for Higher Education Institutions

Sections A to C should be completed by the head of nursing or midwifery education.

A

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

B

Complete the summary of education below for the nursing or midwifery programme undertaken by the applicant.

C

Read and sign the declaration.

This form must be completed by the Higher Education Institution (HEI). Once completed, it can be returned to the applicant. We may contact you to clarify and validate the information provided.

SECTION A

Transcripts and Programme Syllabus

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

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

Please tick to confirm you have forwarded the official transcript.

Please tick to confirm that you have forwarded the official course syllabus or curriculum document for the applicant's nursing or midwifery programme.

SECTION B

Summary of Education

Complete the summary of education below for the nursing or midwifery programme completed by the applicant.

Please note that the clinical laboratory hours are counted as theory as they are self-directed learning hours. Clinical practice hours must refer to hours of direct patient care that are mentored, supervised and assessed.

If the transcript for the programme states 'units' or 'credits' of instruction, please state 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

Instruction Measure	Equals X Clock Hours
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One Credit

One Unit

Other

Number of Weeks in a Semester

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

Date

Print Name

Official Stamp

Title or Position

Work Email (Official work email address of signatory)

University or College Email