

# APPLICATION FOR RESTORATION OF NAME TO THE REGISTER OF NURSES AND MIDWIVES



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

This form must be completed if you have: **voluntarily removed** your name from the Register/  
removed from the Register for **non-payment of fees** and wish to restore it to the Register of  
Nurses and Midwives.

## Read the following before completing this form

It should take approximately 10-15 working days to process this request form, once it is completed correctly and all required documents provided.

Please ensure you:

1. **Complete in BLOCK CAPITAL letters**
2. All sections must be completed by the applicant.

This table should assist you in completing all sections of this form.

<b>A</b>	<b>General Information</b> ✓ You need to sign and date this section
<b>B</b>	<b>Working in Another Jurisdiction</b> ✓ Please provide Certificate of Good Standing if you have practiced in another jurisdiction
<b>C</b>	<b>Declaration</b> ✓ Please complete all questions ✓ You also need to sign and date this section
<b>D</b>	<b>Privacy Note</b> ✓ Read the privacy notice, sign and date this section
<b>E</b>	<b>Payment</b> ✓ Complete Debit/Credit Card Mandate ✓ The cardholder needs sign and date this section

## Returning your form

- Check that you have returned all pages.
- Check that there are no missing details.
- You can complete this form using Acrobat Reader on your computer but you must sign it by hand before submitting to NMBI.

## You should send the form to:

Registration Department (Restorations),  
Nursing and Midwifery Board of Ireland (NMBI)  
18/20 Carysfort Avenue,  
Blackrock,  
Co. Dublin.  
A94 R299  
Ireland

**Please note that in the context of COVID-19 that the NMBI will waive restoration fees between 09 March 2020 and 31 May 2020.**



## General information

NMBI PIN 


SURNAME 

(As per your NMBI Registration)



Please note: If you have changed your surname, attach a certified copy of your passport, marriage certificate or Deed Poll.  
For more information on certified copies, visit [www.NMBI.ie/Registration](http://www.NMBI.ie/Registration).

FORENAME 

DATE OF BIRTH           
D D M M Y Y Y Y



ADDRESS    
(for correspondence purposes)

EIRCODE 

LANDLINE   MOBILE 

EMAIL 

Please note: You must keep your contact details up-to-date. You can update your contact details online on the My Account section [www.NMBI.ie/Registration](http://www.NMBI.ie/Registration)

SIGNATURE   DATE           
D D M M Y Y Y Y

# B Working in another jurisdiction

1. Have you worked as a nurse/midwife outside the Republic of Ireland since you were removed from the Register?

YES  NO

2. Please provide the information below only if you have engaged in the practice of nursing/midwifery **outside the Republic of Ireland** while removed from the Register:

**PLEASE NOTE:** if you were **working outside the state** and you were registered with another Regulatory Body, NMBI must receive a current, original and translated **Certificate of Good Standing/Certificate of Current Professional Status (CCPS)**. Your Restoration request cannot be processed without this document.

3. Have you contacted the relevant regulator to issue a Certificate of Good Standing?

YES NO

JOB TITLE

▶

(Example: Staff Nurse, CNM1, ANP etc.)

PLACE OF EMPLOYMENT

▶

(Name of Hospital/institution/other where you are employed etc.)

EMPLOYER'S ADDRESS

▶

PRACTISING DIVISION

▶

(Example: General, Psychiatric, Midwifery etc.)

# C Declaration

1. Has your registration, renewal certification or licence to practice as a nurse or midwife ever been refused?

YES  NO

2. Has your registration or licence to practise ever been cancelled, suspended or removed for any reason except for not payment of fees to NMBI?

YES  NO

3. Have you ever had disciplinary action taken against your registration certification or licence to practise?

YES  NO

4. Have any conditions or restrictions ever been attached to your registration certification or licence to practise?

YES  NO

5. Are there any special conditions or restrictions currently attached to your registration certification or licence to practise?

YES  NO

6. Do you know of any investigation pending against your registration certification or licence to practise?

YES  NO

7. Do you have any relevant medical disability which may restrict your ability to practise?

YES  NO

8. Have you ever been convicted of any criminal offence?

YES  NO

9. Are there any criminal investigations or charges pending against you?

YES  NO

# C Declaration

10. I hereby declare that I have not engaged in the practice (including clinical practice and nursing/midwifery management, education or research) of nursing/midwifery in Ireland at any time during the following period:

FROM         TO          
D D M M Y Y Y Y D D M M Y Y Y Y

Or

FROM          To date  
D D M M Y Y Y Y

**Please note that section 44.1 of the Nurses and Midwives Act (2011) specifies: a person is guilty of an offence if the person makes or causes to be made any false declaration or misrepresentation for the purpose of obtaining registration.**

### IMPORTANT INFORMATION

- 1. You need to be familiar with the code of conduct and scope of practice before you return to practice.**
- 2. If you've been out of nursing/midwifery practice for a prolonged period of time, it is strongly recommended that you complete a Return to Practice Course for nurses/midwives. For information on Return to Practice Courses, please visit: <https://www.hse.ie/eng/about/who/onmsd/returntopractice/>**

I solemnly declare that the information provided is true to the best of my knowledge.

SIGNATURE  DATE         
D D M M Y Y Y Y

# D Please read the following privacy notice

Nursing and Midwifery Board of Ireland of 18-20 Carysfort Avenue, Blackrock, Co. Dublin, Ireland is a data controller for the purpose of the relevant data protection law including the General Data Protection Regulation.

We collect personal data from you (including special categories of personal data) in accordance with our [Privacy Notice](#).

In particular, we use personal data:

- Where we need to comply with a legal or regulatory obligation including our obligations under the Nurses and Midwives Act 2011 (as may be amended or updated from time to time);
- For the purpose of the performance of a contract between us; and/or
- For the purpose of a task carried out in the exercise of our official functions including under the Nurses and Midwives Act 2011 (as may be amended or updated from time to time).

Please click [here](#) for further details on how we use your personal data and the legal basis on which we process your personal data.

Please address any questions, comments and requests regarding our data processing practices to [DataProtection@nmbi.ie](mailto:DataProtection@nmbi.ie)  
I declare I have read NMBI's Privacy Notice.

SIGNATURE 

DATE 

**Payment: Please Note: In the context of COVID-19 that the NMBI will waive restoration fees during the period 09 March 2020 to 31 May 2020.**

Please complete the section below and specify the relevant fee with your application.

- 1) Restoration as nurse/midwife to the Register after **voluntary removal**: Annual Retention Fee only (€100)
- 2) Restoration as nurse/midwife after **removal from Register for non-payment of ARF**: Restoration Fee (€250) plus Annual Retention Fee (€100): **€350**

Total amount to be deducted ▶ €

Please ensure your Debit/Credit Card is current and there are sufficient funds to meet the payment.

NMBI PIN ▶

APPLICANT'S NAME ▶

By signing this form, I authorise the Nursing and Midwifery Board of Ireland to deduct the appropriate fee from my Debit/Credit card

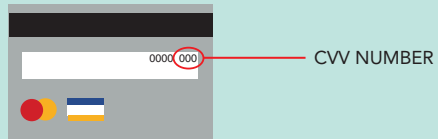
CARD TYPE ▶     

CARD NUMBER ▶ **Please Note: In the context of COVID-19 that the NMBI will waive restoration fees during the period 09 March 2020 to 31 May 2020.**

EXPIRY DATE ▶  /

CVV NUMBER ▶

(CVV Number is the three digit code on the back of the card in the top-right corner of the signature box as indicated below)



CARD HOLDER NAME ▶   
(as per card)

SIGNATURE ▶   
(of card holder)

For office use only: PIN \_\_\_\_\_ Transaction No: \_\_\_\_\_