

# UNDERGRADUATE REGISTRATION FORM



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

This form should be completed if you have successfully completed a Nursing and Midwifery Board of Ireland (NMBI) approved undergraduate nursing or midwifery education programme in Ireland.

## Read the following before completing this form

It should take approximately 10-15 working days to process this form, once it is completed correctly.

Please ensure you:

1. Complete in BLOCK CAPITAL letters
2. Make sure your Higher Education Institution (HEI) and linked Health Care Facility have also signed, stamped and dated the form

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

<b>A</b>	<ul style="list-style-type: none"><li>✓ This section must be completed by <b>you</b></li><li>✓ You also need to sign and date it</li></ul>
<b>B</b>	<ul style="list-style-type: none"><li>✓ Your Higher Education Institution (HEI) must complete and stamp this section</li><li>✓ If you have taken longer than normal to complete the programme, the HEI must confirm this at time of application</li></ul>
<b>C</b>	<ul style="list-style-type: none"><li>✓ The linked Health Care Facility must complete and stamp this section</li></ul>
<b>D</b>	<ul style="list-style-type: none"><li>✓ This section is only for those who have completed the Children's and General Nursing (Integrated) programme</li><li>✓ It must be completed, signed and stamped by the linked Health Care Facility</li></ul>
<b>E</b>	<ul style="list-style-type: none"><li>✓ Read the privacy notice sign and date it</li></ul>
<b>F</b>	<ul style="list-style-type: none"><li>✓ Examples of the actual or possible use of personal data relating to section E</li></ul>
<b>G</b>	<ul style="list-style-type: none"><li>✓ Complete Debit/Credit Card Mandate</li></ul>

## Returning your form

- Check that you have returned all pages
- Failure to complete and provide signatures will result in a delay in processing your application

## You should send the form to:

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

# A

This section **MUST** be completed by the applicant.

I am applying for registration in the following division(s) of the Register (please ✓ appropriate box)

GENERAL NURSING  MIDWIFERY  CHILDREN'S AND GENERAL NURSING (INTEGRATED)

PSYCHIATRIC NURSING  INTELLECTUAL   
DISABILITY NURSING

CANDIDATE NUMBER ▶

Your candidate number is your unique identifier with NMBI. You will find it on your NMBI Candidate Certificate, which we issued to you during the first year of your programme. Please note that number is not the same as your HEI student number

SURNAME ▶   
(as per NMBI Candidate Register)

FORENAME ▶

DATE OF BIRTH ▶   
D D M M Y Y Y Y

Please note: If you have changed your surname, attach a certified copy of your passport, marriage certificate or Deed Poll. Find out what a certified copy is at [www.NMBI.ie/Registration](http://www.NMBI.ie/Registration).

ADDRESS ▶

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).

EMPLOYMENT DETAILS ▶

(if you have secured employment pending registration with NMBI, please enter your place of employment above)

I declare that I am a person of good character and am not guilty of any offence that would discredit the nursing and midwifery professions. I also declare that I am of good physical and mental health and am fit to practise nursing/midwifery.

SIGNATURE ▶  DATE ▶

**B** This section **MUST** be completed by the designated person in the Higher Education Institution (HEI)

If the applicant has taken longer than the normal time frame to complete the programme (for example, due to deferral, repeating exams/placements or taken time out for personal reasons), the applicant's HEI must confirm this and attach it to the application form. NMBI will query any unexplained extended training dates with the HEI, and this can cause delays in processing the application.

I hereby certify that

▶

(name of applicant)

has successfully completed the requirements for the achievement of a Registration / Degree Programme in Nursing/Midwifery as provided by the academic authority in:

▶

(name of Higher Education Institution)

and has attended the clinical placements and has achieved the requires competencies in accordance with the Standards and Requirements for the Nurse/Midwifery Registration Education Programmes.

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

I certify that the above named person is, to the best of my knowledge, of good character and not known to have been guilty of any offence which would discredit the nursing/midwifery profession. I further certify that at the time of this certificate being issued, to the best of my knowledge, the above named person is of good physical and mental health and is fit to practice nursing/midwifery.

SIGNATURE ▶

PRINT NAME ▶

TITLE ▶

EMAIL ▶

DATE ▶          
D D M M Y Y Y Y

▶   
STAMP/SEAL  
OF HIGHER EDUCATION  
INSTITUTION

# C

This section **MUST** be completed by the Director of Nursing or designated signatory approved by the Director of Nursing/Midwifery in the linked Health Care Facility.

SIGNATURE ▶

PRINT NAME ▶

TITLE ▶

EMAIL ▶

DATE ▶          
D D M M Y Y Y Y

▶   
STAMP/SEAL OF  
LINKED HEALTH CARE  
FACILITY

# D

This section **MUST** be completed for applicants who have undertaken the **Children's and General Nursing (Integrated) Programme** in addition to Part B, as NMBI requires sign off from both the Children's and General linked Health Care Facility.

SIGNATURE ▶

PRINT NAME ▶

TITLE ▶

EMAIL ▶

DATE ▶          
D D M M Y Y Y Y

▶   
STAMP/SEAL OF  
HEALTH CARE  
FACILITY

# E You MUST read the following privacy notice, sign and date it.

## 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



For examples of the actual or possible use of personal data relating to a nurse and/or midwife or candidate nurse and/or midwife please see Section F on page 6 of this form.

# F

## Examples of the actual or possible uses of personal data

The following are examples of the actual or possible use of personal data relating to a nurse and/or midwife or candidate nurse and/or midwife (“NMBI member”) include the following:

- Publication of the Register of Nurses and Midwives and Candidate Register (online and in paper);
- Reference to a NMBI member on the Register of Nurses and Midwives and on the Candidate Register;
- Reference to a NMBI member on the NMBI’s website (including any search facility);
- Circulation of an electronic NMBI’s newsletter (eZine) to a NMBI member which may include or be accompanied by commercially-related material;
- Statutory and regulatory compliance;
- Process payment details (such as credit or laser cards) to fulfil orders placed by a NMBI member;
- Provision of personal information by NMBI relating to (amongst others) the cancellation, removal or suspension of a NMBI’s member registration to relevant third parties (including but not limited to the HSE as well as, where it is in the public interest to do so, the public).



The initial registration fee for applicants who trained in Ireland is **€145**.  
Please ensure your Debit/Credit Card is current and there are sufficient funds to meet the payment.

CANDIDATE REGISTER NUMBER ▶

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:

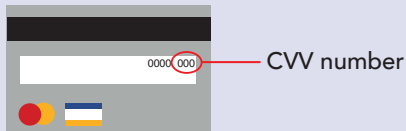
CARD TYPE ▶        

CARD NUMBER ▶

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: Candidate No: \_\_\_\_\_

Transaction No: \_\_\_\_\_