

WITNESS EXPENSES CLAIM FORM

This form should be completed by individuals who attended Fitness to Practise inquiries held by the Nursing and Midwifery Board of Ireland (NMBI) and who incurred expenses.



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

How to complete this form

1. Complete in BLOCK CAPITAL letters
2. Answer all questions. If any question does not apply, write "N/A" (not applicable).
3. Attach itemised receipts. Please note that credit card receipts are not itemised receipts.

A

- ✓ Provide details of inquiry attended
- ✓ Fill out personal details

B

- ✓ Provide the details of your expenses
- ✓ Attach itemised receipts

C

- ✓ Read the declaration and sign and date it

D

- ✓ Provide your bank account details

Returning your form

- Check that you have included all pages
- Please note that incomplete claim forms will be returned to you and receipts will be sought where these have not been submitted, possibly resulting in delays in processing the payment.

You should send the form to:

Fitness to Practise Department,
Nursing and Midwifery Board of Ireland
18/20 Carysfort Avenue,
Blackrock,
Co. Dublin.

Data Protection

The personal data given below will be processed in accordance with the Data Protection Acts 1988 and 2003 (the "Acts"). By submitting this form, you agree to NMBI processing your personal data in accordance with the Acts and our Privacy Statement, which is published on our website.

A In this section you must provide details of the inquiry and personal details.

CASE NUMBER
(if known)

▶

NAME OF NURSE OR MIDWIFE
(subject of the inquiry)

▶

DATE(S) YOU ATTENDED THE INQUIRY

▶

NAME

▶

ADDRESS

▶

Please describe the capacity in which you attended the inquiry for example Staff Nurse, Director of Nursing, Medical Consultant, Patient, Relative of Patient etc.

▶

LANDLINE

▶

MOBILE

▶

EMAIL

▶

B

Please provide the details of your expenses.

ACCOMMODATION

Accommodation expenses incurred

YES NO

If yes, please complete this section

DATE(S)
D D M M Y Y Y Y D D M M Y Y Y Y

NAME AND ADDRESS OF HOTEL/OTHER PROVIDER

COST

Attach itemised accommodation receipt(s) or state reason for not doing so below

PUBLIC TRANSPORT

Transport expenses incurred

YES NO

If yes, please complete this section (please ✓ appropriate box)

TRAIN BUS LUAS DART

DATE(S)
D D M M Y Y Y Y D D M M Y Y Y Y

DEPARTURE POINT/STATION

ARRIVAL POINT/STATION

TIME OF DEPARTURE :

TIME OF ARRIVAL :

FARE

Attach receipt(s) for public transport or state reason for not doing so below


PRIVATE TRANSPORT


Private transport expenses incurred


YES NO


If yes, please complete this section (please ✓ appropriate box)


TAXI OTHER


DATE(S) 
D D M M Y Y Y Y D D M M Y Y Y Y

DEPARTURE POINT/STATION 

ARRIVAL POINT/STATION 

TIME OF DEPARTURE  :

TIME OF ARRIVAL  :

FARE 

If you travelled by taxi state in the box below the names of anyone who shared the taxi with you in order to prevent duplication of claims

Attach receipt(s) for public transport or state reason for not doing below




PRIVATE CAR


Private car expenses incurred


YES NO


If yes, please complete this section

DATE(S) 
D D M M Y Y Y Y D D M M Y Y Y Y


DEPARTURE POINT/STATION 


ARRIVAL POINT/STATION 


TIME OF DEPARTURE  :


TIME OF ARRIVAL  :

DISTANCE 
(kilometres)

MAKE OF CAR 

ENGINE SIZE (CC) 

CAR REGISTRATION NO. 


REASON FOR TRAVELLING BY CAR 


TOLLS AND PARKING


Tolls and parking expenses incurred


YES NO


If yes, please complete this section

DATE(S) 
D D M M Y Y Y Y D D M M Y Y Y Y

LOCATION OF TOLL BARRIER 

LOCATION OF CAR PARK(S) 

TIME(S) 


COST OF TOLL(S) 


MEALS


Meal expenses incurred


YES NO

If yes, please complete this section

DATE(S) 
D D M M Y Y Y Y D D M M Y Y Y Y

TYPE OF MEAL 
(breakfast, lunch, evening meal)

NAME AND ADDRESS OF RESTAURANT/OTHER PROVIDER 

COST 

Attach itemised meal receipt(s) or state reason for not doing so below. Please note that the costs of alcoholic beverages will not be reimbursed.



OTHER COSTS AND EXPENSES

Please give details of other costs or expenses incurred while acting as a witness at the inquiry. These must have been approved by the Fitness to Practise Department in advance of the inquiry.

Cost/Expense

▶

Receipt and/or supporting documentation attached

YES

NO

Approved by the Fitness to Practise Department prior to attendance

YES

NO

AMOUNT

▶



Please complete and sign the declaration below.

DECLARATION

I hereby confirm that the above expenses:

- Were incurred by me while attending as a witness at a Fitness to Practise Inquiry held by the Nursing and Midwifery Board of Ireland
- Have not been claimed by me from any other agency or source.

SIGNATURE

▶

DATE

▶

D Please provide your bank account details as reimbursement of expenses will be made directly into your nominated bank account.

NAME OF BANK ACCOUNT ▶

BANK ACCOUNT NUMBER ▶

NAME AND ADDRESS OF BANK

▶

BRANCH ▶

BRANCH SORT CODE ▶

FOR FITNESS TO PRACTISE DEPARTMENT USE ONLY

TOTAL PAYABLE TO CLAIMANT: ▶

DATE: ▶

APPROVED FOR PAYMENT (SIGNATURE): ▶

FOR ACCOUNTS DEPARTMENT USE ONLY

TOTAL PAYABLE: ▶

IDOC: ▶

TRANSACTION NO.: ▶

PAYMENT MADE: ▶