

Educational Event/Learning Unit/Workshop Application Form

Please complete all sections and return to NEPD

Please note: By applying for this course and as part of your wide educational provision, you understand that we collect, obtain, store and process the personal data that you provide in this form, along with any course results for the purpose of tracking your attendance, participation, results and qualifications.

To be completed by the applicant	
Educational event title:	
Educational event date:	Number of hours:
Applicant name:	
Job title:	
Email address:	
NMBI PIN number:	
Work address/clinical area:	
Organisation: Voluntary/HSE/Private (please circle appropriate one)	
Work phone number:	Mobile number:
Cost of Event (If applicable):	Venue:
Signature of applicant:	Date:
To be completed by line manager	
Name:	
Email address:	
Reasons you support this application:	
Study leave approved:	Yes/No
Signature:	Date:
To be completed by ADoN/DoN	
Signature:	Date:

For administration		
Date received:		
Approved: Y/N	Added to database: Y/N	Email sent with instructions: Y/N
Name:	Signature:	