**Educational Event/Learning Unit/Workshop Application Form**

Please complete all sections and return to [uchennapamelaezeani@svhg.ie](mailto:uchennapamelaezeani@svhg.ie)

***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.

For information on courses open to community area HSE Health Region Dublin and South East please contact: Pamela Ezeani, RNT; Telephone: 221 4348; Email: [uchennapamelaezeani@svhg.ie](mailto:uchennapamelaezeani@svhg.ie)

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| To be completed by the applicant | | | |
| Educational event please check box: | | | |
|  | Anaphylaxis Education Programme | | |
|  | Intravenous Medication Administration Programme | | |
|  | Care of a Totally Implanted Vascular Access Device | | |
|  | Venepuncture and Cannulation Workshop | | |
|  | Tracheostomy Care Skills Education Programme | | |
|  | Male Catheterisation Programme | | |
|  | Suprapubic Catheter (SPC) Programme | | |
|  | Nursing Management of Gastrostomy & Jejunostomy Tubes Programme | | |
|  | Wound Management Programme | | |
|  | Other: | | |
| Applicant name:  (as on your registration) | |  | |
| Job title: | |  | |
| Email address: | |  | |
| Mobile number: | |  | |
| NMBI Registration number: | | |  |
| Work address/ clinical area: | |  | |
| Organisation: | | Voluntary  HSE  Private  (please check appropriate box) | |
| To be completed by line manager | | | |
| Name: | |  | |
| Email address: | |  | |
| Phone number: | |  | |

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| **For administration** | | |
| Date received: | Approved: YN | Added to database: YN |
| Programme booked date: | Email confirmation re date sent to Line manager & Staff YN | |
| Email sent with instructions: YN | Name: | |