

Centre of Nurse Education, Mercy Hospital

Please complete all appropriate sections. Incomplete forms may be returned.

Your address, NMBI number, mobile number & email are requested to enable us to manage all matters relating to this application. Signature of this form indicates your consent to use your contact details in relation to this programme. This information will be recorded on a database.

COURSE DETAILS (BLOCK CAPITALS)

COURSE TITLE: Half Day Preceptorship

DATE OF PROGRAMME: _____ **COURSE FEE INCLUDED (if applicable):** _____

LINE MANAGERS NAME (print) & SIGNATURE: _____

LINE MANAGERS EMAIL ADDRESS: _____

Pre programme requirements

Selection criteria

- You are at least 6 months qualified.
- You have completed a Nursing Degree or equivalent programme (Includes a module on teaching and assessing of students)
- If new to the preceptor role and/or self assesses the need for refresher training(e.g. has been a preceptor in another part of Ireland or abroad)

Please note the following recommendations as specified by the Nursing/Midwifery Dept. UCC. You are advised to access and become familiar with the following website information preceding the programme;

www.ucc.ie/en/nursingmidwifery/allocations/preceptorinfo

Please download and bring a copy of the preceptor pack prior to your attendance at the course.

PERSONAL DETAILS (Please Print)

AN BORD ALTRANAIS PIN NO: _____

**Mandatory information to secure booking*

FULL NAME: _____

JOB TITLE: _____

***MOBILE NUMBER:** _____ **WORK NO:** _____

**This number will be used to make contact with you in relation to this application*

EMAIL

ADDRESS: _____

Your email may be used to send on pre-course information.

If you do not wish to be contacted with further dates of various study days, please tick this box

PLACE OF

EMPLOYMENT: _____

FULL

ADDRESS: _____

HOME ADDRESS: _____

AN BORD ALTRANAIS PIN NO: _____

SIGNATURE: _____

DATE _____

You will receive an email confirming your booking.

You will receive a reminder text prior to course commencement.

NB: If you cannot attend, it is your responsibility to contact us in person and preferably give at least 48hour notice of cancellation.

If you have paid for a course and do not attend or give notice of your cancellation, the fee will be non refundable

Your line manager will be contacted if you do not attend the course.

Return application to:

Ms. Lorna Roche

Centre of Nurse Education, Mercy University Hospital

Grenville Place, Cork

Tel: 021 4935184 Email: cne@muh.ie