

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.

PERSONAL DETAILS (Please Print)

FULL NAME: _____ CONTACT NUMBER: _____

JOB TITLE: _____ MOBILE NUMBER: _____

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: _____

WORK ADDRESS: _____

HOME ADDRESS: _____

NMBI PIN NO: _____

SIGNATURE: _____

COURSE DETAILS (Please Print)

COURSE TITLE: ADULT **MALE/FEMALE URETHRAL CATHETERISATION**

DATE: _____

COURSE FEE INCLUDED (if applicable): _____

LINE MANAGER NAME / SIGNATURE: _____

Current FEMALE Urethral Catheterisation Policy in place.....Yes () No ()

Current MALE Urethral Catheterisation Policy in placeYes () No ()

Note: Training will only be provided if a policy is in place

A Competent Clinical Assessor to be allocated within the organization. The person in charge will sign off competency of trainers.

Developing a competency is the responsibility of the participant attending the programme

There will be a written knowledge assessment following the programme on the day.

NB: You will receive an email confirming your booking.

You will receive a reminder text prior to course commencement.

If you cannot attend, it is the responsibility of the participant to contact us and give at least 48 hours notice of cancellation.

If you have paid for a course and do not attend or give at least 48hours notice of your cancellation, the fee will be non refundable

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

NURSE SIGNATURE: -----

DATE: -----

Please ensure you complete all parts of the application form