



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

Nomination Form

Site inspectors of Education Bodies (EB) and the Associated Health Care Providers (AHCP)

Please complete the following nomination form and return to cnolan@nmbi.ie by 28 February 2022

SECTION 1: PERSONAL DETAILS

Please complete all fields

Title:

Forename:

Surname:

Home Address:

Work Address:

Home/Work/Mobile Number:

Registration Number:

Email:

Division of the Register:

Please note that we will communicate with you via email regarding your application.



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SECTION 2: EMPLOYMENT DETAILS

Current (or most recent) employment

Name of Employer:

Address of Employer:

Job Title:

Date of Appointment:

Please give a brief description of your role and responsibilities:

SECTION 3: EMPLOYER SUPPORT

Your employer has agreed to release you for the minimum time requirement for a site inspection – please tick as appropriate

Yes:

No:



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SECTION 4: SUPPORTING STATEMENT

Briefly outline why you are a suitable candidate for the panel of site inspectors, please refer to relevant professional experience in education or practice directly related to nursing and midwifery students and any audit or inspection experience you may have.

SECTION 5: DECLARATION

I hereby certify and declare that all the information that I have provided on this application has been honestly and accurately recorded to the best of my knowledge and belief.

Signed:

Date: / /