



## DECLARATION FORM

Date: \_\_\_\_\_

Programme Title: \_\_\_\_\_

Student's name: \_\_\_\_\_  
(as on Nursing and Midwifery Board of Ireland Register)

Student's number: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: Home \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

In what capacity do you work? Job Share \_\_\_\_\_ Part time \_\_\_\_\_ Full time \_\_\_\_\_

If Part Time/Job Sharing, how many **hours per month** do you work? \_\_\_\_\_

Are you engaged in day and/or night duty? Day \_\_\_\_\_ Night \_\_\_\_\_

Students must be engaged in relevant clinical practice for a minimum of 78 hours per month for the duration of the programme for which they have applied.

I (Director of Nursing/Midwifery) verify that the above named student is currently engaged in nursing/midwifery practice relevant to the programme and will be supported by the hospital to receive the necessary clinical experience required to successfully complete the programme.

Signature: \_\_\_\_\_  
Director of Nursing/Midwifery

Student's Employment Address: \_\_\_\_\_  
\_\_\_\_\_

Area of Clinical Practice: \_\_\_\_\_