

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: MEDICATION PROTOCOL FOR SEASONAL INFLUENZA PEER VACCINATION PROGRAMME 9am – 12.30pm

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

LINE MANAGERS NAME (print) & SIGNATURE: _____

LINE MANAGERS EMAIL ADDRESS: _____

PRE VACCINATION REQUIREMENTS FOR NEW STAFF:

Medication protocol for peer vaccination completed.

BLS and Anaphylaxis up to date.

Competency in Injection Technique.

HSELand online medication management programme completed.

VACCINATION CLINICS NEED TO BE PLANNED :

A RMP WITH A PEER VACCINATOR OR A MINIMUM OF TWO RNs WHO HAVE BEEN TRAINED AS PEER VACCINATORS.

PERSONAL DETAILS (Please Print)

NMBI 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: _____

_____ **PTO** _____

HOME

ADDRESS: _____

SIGNATURE: _____

DATE:

NOTE:

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 the responsibility of the participant to contact us in person and give preferably at least 48hour notice of cancellation.

If you have paid for a course and do not attend or give at last 48hrs 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