CENTRE OF NURSE EDUCATION,
MERCY UNIVERSITY HOSPITAL, CORK LIMITED

Grenville Place, Cork,T12 D682 Ireland. Tel: +353 (21) 4935184 Fax: +353 (21) 4279502
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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: Adult Venepuncture Programme

DATE OF PROGRAMME:_____Time: 10.00am – 13.00pm(No coffee break)_____
COURSE FEE INCLUDED (if applicable):_____

IS THERE A current POLICY DOCUMENT IN YOUR ORGANISATION TO SUPPORT THE PRACTICE OF ADULT VENEPUNCTURE (Please circle) YES NO

HAVE YOU COMPLETED THE ONLINE ASSESSMENT OF KNOWLEDGE (Please circle) YES NO

IS THERE A IDENTIFIED ASSESSOR / MENTOR AVAILABLE AT YOUR ORGANISATION TO SUPPORT YOU (Please circle) YES NO

LINE MANAGER NAME:
SIGNATURE:_____

PREREQUISITES FOR PROGRAMME

- You will need to have completed hand hygiene training within the last two years.
- You need to access and complete the theoretical component of the Adult Venepuncture Programme via www.hseland.ie and complete the online assessment.
- **You need to pass this in order to undertake the practice component of the programme**
- **You need to present a named copy of your online knowledge assessment percentage/grade result sheet on arrival at the Centre of Nurse Education (Summary report sheet)**
- If you do not present the assessment result you **cannot** undertake the practical component of the Venepuncture Programme
- **NOTE: A CERTIFICATE IS NOT ACCEPTABLE.**
- Complete and return your clinical competency of skill form to the CNE **within 12 weeks of completion of programme**

PERSONAL DETAILS (Please Print)

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:_____
WORK ADDRESS:_____

_____

_____

HOME ADDRESS:_____

_____

_____

NMBI PIN NO:_____

SIGNATURE:_____

Date _____

_____

NB: If you cannot attend, it is your responsibility to contact us and give preferably at least 48 hours notice of cancellation.
If you have paid for a course and do not attend or give at least 48 hours notice of your cancellation, the fee will be non refundable.
You will receive an email confirming your booking.

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