



# St. Michael's House

*Services for people with intellectual disabilities*

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## Enhanced Nurse Post

### Verification Form

#### APPLICANT'S DETAILS:

Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

Personnel Number: (Mandatory) \_\_\_\_\_

Service Area: \_\_\_\_\_

Your appointment to and continuing employment in this post is subject to you providing evidence to the Employer that you hold, prior to the Commencement date, all the following qualifications and registrations:

Criteria as set out in HR Circular 022/2019	Applicant meets criteria (Y/N)
Registration as a Nurse / Midwife on the Register of Nurses and Midwives maintained by the Nursing and Midwifery Board of Ireland	
Placement on the 4 <sup>th</sup> point of the Department of Health Staff Nurse / Midwife salary scale	
Documented competencies including care competencies in relation to patient case load	
Evidence of skill acquisition from 'on the job' learning	
Certified skills training – including as a minimum mandatory training - relevant to care required for patient case load	
Evidence of participation in audit and evaluation of care provision including collection of quality care metrics where same are in place	

Mr / Ms \_\_\_\_\_ hereby make an application for the post of Enhanced Nurse / Midwife and I declare that the above information provided in support of my application is, to the best of my knowledge, correct. I agree to provide validation, where requested.

I agree to the provisions as set out in HSE HR Circular 022/2019.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Director of Nursing: \_\_\_\_\_ Date: \_\_\_\_\_

HR Approval: \_\_\_\_\_ Date: \_\_\_\_\_