

Checklist – Postgraduate Diploma/MSc in Palliative and End of life Care

the PGDip/MSc in Palliative and End of Life Care. I confirm that the above-named applicant will be employed in an appropriate setting to meet the needs of the programme for the duration of the programme. I confirm that as part of the clinical practice module the above-named student will be facilitated and supported to complete the mandatory 2 x one-week placements in specialist hospice/community care settings. Signed:	Applicants Name:		
1. To be completed by the Director of Nursing 1. Confirm that	Work Location:		
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I confirm that	NMBI PIN:		
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Date:			
2. To be completed by the nominated assessor. I confirm that			
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confirm that	Designation: Director of	Nursing	
the duration of the module. I confirm that I meet the following criteria; A senior staff nurse/ CNM 1 or CMN 2 registered health care professional with a minimum level 8 or level 9 qualification. Have at least two years' experience in the area of clinical practice. Agree to attend an Assessor's preparation workshop (date to be advised later) Have prior experience in assessing student learners. Signed: Date: Designation: Identified Clinical Assessor NMBI PIN: I confirm that I have identified a suitably qualified clinical practice supervisor named above to assess and supporme during my undertaking of the Clinical Practice Placement module. I confirm that I am currently registered wit NMBI. I am willing to be Garda Vetted if this is a requirement for any/all of the specialist clinical hospice/community care placements. Signed: Date: Date: Date:	2. To be complete	d by the nominated asses	sor.
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			NMBI PIN:

NB: The facilitation of supervision and appropriate workplace access for the duration of the programme is the responsibility of the healthcare provider. ATU accepts no responsibility for a change in circumstances in the practice setting that directly effects the students' ability to complete the programme within the defined timeframe.