

Certificate in Nurse Authority to Prescribe Ionising Radiation (X-Ray)

Programme Application Form

Full Name:	
Professional Qualifications:	
Academic Qualifications:	
Employee Number:	An Bord Altranais PIN:
Position:	
Hospital/Healthcare Institution:	
Area of Practice:	
Work Telephone Number:	Work Email address:
Please tick as relevant: Full Time <input type="checkbox"/> Job Sharing <input type="checkbox"/> Reduced Hours <input type="checkbox"/>	
If reduced hours please specify hours per week _____	
Please tick as relevant: Day duty only <input type="checkbox"/> Night duty only <input type="checkbox"/> Rotating day and night duty <input type="checkbox"/>	
Name of Director of Nursing:	
Phone Number:	Email Address:
Name of Clinical Supervisor:	
Position Held:	
Phone Number:	Email Address:
Home Address:	
Home Telephone Number:	Mobile Number:
Email Address:	
Preferred venue for programme attendance:	
RCNME Connolly <input type="checkbox"/>	RCNME Tullamore <input type="checkbox"/>
Preferred address for official mail:	
Home <input type="checkbox"/>	Work <input type="checkbox"/>

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Applicant Curriculum Vitae

Name:
Current Position: Number of Years in Current Position:
Work Address:
Clinical Setting:
An Bord Áltranais PIN:

Professional Qualifications:

Title	Awarding Body	Year

Academic Qualifications:

Title	Awarding Body	Year

Post Registration Nursing Employment History (please record in reverse chronological order)

Hospital/Healthcare Institution	From - To	Duration (years, months)	Position Held	Area of Practice

Signature: _____

Date: _____