

Clinical Course & Examinations Refund Scheme NCHD Application Form

Note:

- Applications for refunds for completed HSE-approved clinical courses and examinations must be made using this application form.
- The application form must be completed by typing in the details or using **BLOCK CAPITALS**
- Submit the completed form to your employer's Medical Manpower / HR Unit for processing, along with relevant supporting documentation required i.e. original receipt(s) and confirmation of successful completion.
- Payments to individual NCHDs will be processed locally by your employer.
- Forms which are incomplete, illegible or not accompanied by the relevant supporting documentation will not be considered.

Full Name

Irish Medical Council Number

NCHD Employment Grade

Specialty

Full Name of Approved Clinical Course or Examination as Used in HSE Approved List

Date that Course / Exam was Undertaken

Location that Course / Exam was Undertaken i.e. City & Country

Amount of Refund Sought

Original Receipt Attached

Yes No

Evidence of Undertaking Course/Exam Attached

Yes No

Declaration:

I have not previously claimed for this particular Exam/Course in this, or another clinical site. I understand that if I claim twice for the same Exam/Course I will be required to repay the amount in full and the Clinical course & Examinations Refund Scheme may be withdrawn.

Applicant's Signature

Date of Application to Employer

For Employer's Use Only:

Received By:		Date of receipt:	
Amount Paid:		Date to Salaries:	