**Application for indemnity of non-HSE Clinicians to participate in reviews[[1]](#footnote-1) who have been sourced by the Commissioner of the Review**

**Section 1: General Details:**

* 1. **Date of Request:**
  2. **Incident Review Reference number:**

***Insert the NIMS and IIMS Reference Number or the agreed identifier for the review***

* 1. **Name of Organisation seeking Indemnity:** e.g. CHO Area, Hospital Group or National Ambulance Service
  2. **Name of the Commissioner of the Review:**
  3. **Description of the Review:**

**Section 2: Information on the Expert:**

**2.1 Name of Expert:**

**2.2 Specialty of Expert (if clinical):**

**2.3 Expert’s current place of work (if applicable):**

**2.4 Role of the Expert in the review**

***Clearly state the role that the expert is being asked to undertake (examples outlined in Table 1) for requesting indemnification for non HSE clinical staff required to support commissioned reviews.***

|  |  |
| --- | --- |
| **Signed:** | ***to be signed by the Commissioner*** |
| **Position/title:** |  |
| **Date:** |  |

*Completed form should be submitted by the relevant CHO CO Office/HG CEO Office to the QAVD nominated person,* [QRS.tullamore@hse.ie](mailto:QRS.tullamore@hse.ie) and copy the*relevant* *national QPS office e.g. Acute/Community Operations, NAS, NSS etc.*

1. This form does not apply to applications being made through the Forum of Irish Medical Post-Graduate Training Bodies (FPGTB) [↑](#footnote-ref-1)