

# CNS/CMS Application Form - Post and Post-Holder

To be completed by the Director of Nursing/Midwifery or employer and submitted to the Nursing and Midwifery Planning and Development Unit to process and send to the National Council

## Post Details

National Council Post No:  
(if known)

Title of Post:

Indicate if this is: (A) A new post

☐

(B) A previously approved post

☐

If (B) state name of previous post holder:

Whole time equivalent hours:

Job description and person specification enclosed:

YES

☐

Name of organisation:

Address of organisation:

Name of HSE area:

DATA PROTECTION ACT: Information submitted will be held on computer. Personal Information will not be disclosed to any third party.



Post-Holder Details

First name (s):

Last name (s):

Maiden name (if applicable):  Date of birth:

Gender: MALE ☐ FEMALE ☐

Grade of previously held post: STAFF NURSE ☐ CNM1 ☐ CNM2 ☐

Other (please indicate):

Registerable qualifications (please insert year of initial registration in each division of the register as applicable): Division (please tick)

RGN	<input type="checkbox"/>	Year	<input type="text"/>
RPN	<input type="checkbox"/>	Year	<input type="text"/>
RM	<input type="checkbox"/>	Year	<input type="text"/>
RCN	<input type="checkbox"/>	Year	<input type="text"/>
RNID	<input type="checkbox"/>	Year	<input type="text"/>
PHN	<input type="checkbox"/>	Year	<input type="text"/>
RNT	<input type="checkbox"/>	Year	<input type="text"/>

Number of years post-registration experience, must have a minimum of five years post registration:   
(in the division of the register in which the applicant is currently practising)

Number of years experience in the specialist area, must have a minimum of two years in the specialist area:   
(in the speciality in which the person is currently practising and that apply to this application)

The applicant has a relevant post-registration Level 8 NQAI major academic award: YES ☐



Please give details of all post-registration academic awards (Service Managers should have verified original academic awards)

Title of award	NQAI Level	Duration of the programme	Awarding body	Year of award

Evidence of continuing professional development (please use additional sheets of paper as required):


Signature of Director of Nursing/Midwifery or employer

Date:

Address:





Signature of Director of Nursing and Midwifery Planning and Development Unit

Date:

Address: