**HSE HR Circular 004/2017:**

**Appendix 1** **Patient Safety Assurance Certificate for Nurses and Midwives**

**Statement to be completed by the 10th March annually**

**I** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employee Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D.O.B.\_**\_\_\_\_\_\_\_\_\_\_\_\_

**Birth name** (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

employed by the HSE in (service and location)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in the capacity of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title and grade)

**am appropriately registered for the current year in the following division (s) of the active register maintained by The Nursing and Midwifery Board of Ireland**.

**a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_d)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My registered name with The Nursing and Midwifery Board of Ireland is**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I will advise the Health Service Executive without delay should there be any change in my registration status with The Nursing and Midwifery Board of Ireland during the year. I understand that change in status means non registration, any restriction, conditions, censure, admonishment or removal from the register under Part V of the Nurses Act 1985.

I confirm that I will advise the regulatory authority of any change in my professional or personal information (reference Section 46 (2), (a), (b) of the Nurses and Midwives Act 2011.

I make this statement so as to provide assurance to patients, service users and fellow employees.

I also acknowledge that should I practice as a nurse or midwife without appropriate registration that I may be prosecuted under section 39 and 44 of the Nurses and Midwives Act 2011.

**PIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**Validated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**