Patient Safety Assurance Certificate for Nurses and Midwives

Statement to be completed by the 6th July, Year 20__

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 in the following division (s) of the active register maintained by the Nursing and Midwifery Board of Ireland/Bord Altranais agus Cnáimhseachais na hÉireann

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 and relevant parts on the Nurses and Midwives Act 2011.

I also confirm that I have advised the Nursing and Midwifery Board of Ireland of my current address and employer.

I also confirm that I will advise the Nursing and Midwifery Board of Ireland of any change in my family name, address or employer.

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 49 of the Nurses Act 1985 and relevant parts on the Nurses and Midwives Act 2011.

PIN_____

Signed:_____**Date:**_____

Print name:_____

Validated by_____

Title_____**Date**_____

Issued on 10th January 2013