Please Email this Form back to:

Centre for Learning Development Nurse Tutor:

Susan Mathai

Smathai@stjames.ie

01-428-4888`

Endoscopy Clinical Facilitators:

Ar Evans Salada

Email: asalada@stjames.ie

Noelia Justo Rubio

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OSPIDÉAL SAN SÉAMAS
ST JAMES'S HOSPITAL

James Street
Dublin 8
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D08 NHY1

Endoscopy CNMs
01-410-2430/4061

OSPIDÉAL SAN SÉAMAS
ST JAMES'S HOSPITAL

Learning & Development

Endoscopy Foundation Programme for Nurses

Candidate Application Form

ST JAMES'S HOSPITAL BOARD BANK DETAILS

ACCOUNT NAME:	ST JAMES'S HOSPITAL BOARD
BANK NAME:	BANK OF IRELAND
BRANCH ADDRESS:	85 JAMES STREET, DUBLIN 8
IBAN:	IE74 BOFI 90087764125259
SWIFT CODE:	BOFIIE2DXXX
REMITTANCE ADDRESS:	ACCOUNTS RECEIVABLE, FINANCE DEPARTMENT, ST JAMES'S HOSPITAL, DUBLIN
E-MAIL ADDRESS FOR REMITANCES:	accountsreceivable@stjames.ie
FAX NO:	00 353 1 4103447

Scheduled Plan of Activities:

Day 1	To be announced	Face to Face
Day 2		Online
Day 3		Online
Day 4		Online
Day 5		Face to Face
Day 6		Online
Day 7		Face to Face
Day 8		Face to Face

Candidate Details:

First Name:

_____

Last Name:

_____

NMBI Number:

_____

Hospital Name and Address:

_____

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Unit Manager Name and Grade:

_____

_____

Unit Manager Contact Number:

_____

Mobile Number of Candidate: _____

Email: _____

Endoscopy Experience and Current Role :

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Describe your Endoscopy Unit:

Type of procedures, number of rooms, areas of good practise etc

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_____

Funding for Course: Price € To be Announced

Self ☐ Employer ☐

Invoice Number: _____

Other [please specify]: _____

Manager's Name and Signature:

_____

Candidate's Name and Signature:

_____

Date of Submission: _____

For Organizers Comments ONLY:

Date Received: _____

Application Approved: YES ☐

NO ☐