



Please Email this Form back to:

Centre for Learning Development Nurse

Tutor:

Susan Mathai

Smathai@stjames.ie

01-428-4888`

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: BOFIE2DXXX

REMITTANCE ADDRESS: ACCOUNTS RECEIVABLE, FINANCE
DEPARTMENT,
ST JAMES'S HOSPITAL, DUBLIN

E-MAIL ADDRESS

FOR REMITANCES: accountsreceivable@stjames.ie

FAX NO: 00 353 | 4103447

Endoscopy Clinical Facilitators:

Ar Evans Salada

Email: asalada@stjames.ie

Noelia Justo Rubio

Email: Njustorubio@stjames.ie

OSPIDÉAL SAN SÉAMAS
ST JAMES'S HOSPITAL



James Street
Dublin 8
Ireland
D08 NHY1

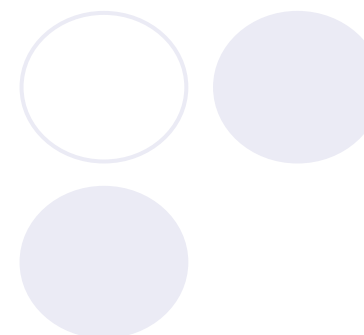
Endoscopy CNMs
01-410-2430/4061

OSPIDÉAL SAN SÉAMAS
ST JAMES'S HOSPITAL



Endoscopy Foundation Programme
for Nurses

Candidate Application
Form



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

[illegible]

Email: _____

[illegible]

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

Self ☐ Employer ☐

Other [please specify]: _____

Date of Submission: _____

Date Received: _____

NO ☐