

HSE Verification of Service Form

HSE 2017 Post Registration Higher Diploma in Mental Health Nursing Programme

Verification of Post Registration Nursing Experience

The purpose of this form is to provide verification of the post registration experience in nursing claimed by you in your application form. Only verified experience will be taken into account by the eligibility board when assessing your application. You may submit as many forms as necessary to support your claim. The eligibility criteria includes:

- Have a minimum of 6 months post registration nursing experience within the past 3 years, (by closing date for receipt of completed applications) working 39 hours per week, or its equivalence within the last 3 years if working less hours .

For Completion by Applicant

Name:

Maiden Name (if applicable):

Address:

PPSN:

The remainder of this form must be completed by your previous / current Employer(s)

For Completion by Employer

Name of Employer / Organisation:

Address of Employer /
Organisation:

Contact Telephone Number of
Employer :

Contact Email of Employer:

Employee's service/ experience details:

Title of post held / Grade (e.g. RGN / Staff Nurse)	Department/s in which employee worked (e.g. A&E, Theatre, Geriatrics)	Date employed from (00/00/0000)	Date employed to (00/00/0000)	Contract Type (Permanent / Temporary)	Hours Worked (Full time / Part time)	If part-time, please state average hours worked per week

Signed: _____

Date: _____

Position in Organisation: _____

