**Appendix 1**

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

**Statement to be completed by the 30th April 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 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: \_**