

# Clinical Course & Examinations Refund Scheme

## NCHD Application Form University Hospitals Limerick

Note:

- Applications for refunds for completed HSE-approved clinical courses and examinations must be made using this application form.
- The application form must be completed by typing in the details or using BLOCK CAPITALS
- Forms which are incomplete, illegible or not accompanied by the relevant supporting documentation will not be considered.

Full Name

Personnel Number/Sap Number  
( available from payslip )

Irish Medical Council Number

NCHD Employment Grade

Specialty

Full Name of Approved Clinical  
Course or Examination as Used in HSE  
Approved List

Date that Course / Exam was Undertaken  
**NOTE: Claims must be submitted within 6 months after the course/exam has taken place. Applications can be refused if not falling within this timeframe**

Location that Course / Exam was Undertaken i.e.  
City & Country

Amount of Refund Sought

Original Receipt Attached

Yes

Evidence attached of Undertaking Course/Exam  
Attached

Yes

Declaration:

*I have not previously claimed for this particular Exam/Course in this, or another clinical site. I understand that if I claim twice for the same Exam/Course I will be required to repay the amount in full and the clinical course & Examinations Refund Scheme may be withdrawn.*

Applicant's Signature

Date of Application to Employer

### FOR OFFICE USE ONLY:

<b>GL CODE:</b>		<b>Authorised Signature:</b>	
			<b>Date :</b>
<b>Amount to be refunded:</b>			
<b>Year and Month of Expenditure:</b>	<b>Year:</b>	<b>Month:</b>	