****

**Externship Visiting Programme Application Form**

**Thursday 7th February 2019**

**Carechoice Nursing Home, Northern Cross, Malahide Road, Dublin 17**

***Applicants MUST BE GARDA VETTED and should seek the approval of centre management prior to completing the application form. Please complete all sections of the form and submit by e-mail to*** ***externship@fess.ie*** ***by Friday, 25th January 2019***

 ***Selection will be based on information provided in this application form, so please ensure that all sections are completed.***

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| **Applicant Name:** |  |
| **E-mail address:** |  |
| **Mobile number:** |  |
| **College/Centre Name and Address:** |  |
| **ETB Name (where relevant):** |  |
| **Healthcare related programme module/s currently teaching:**  |   |
| **Previous Industry Experience (if any)** |  |
| **Previous CPD Experience in this field (if any)** |  |
| **How did you hear about the externship visiting programme (EVP)?** |  |
| **Have you experience of participating in any type of externship/internship previously?**  |  |
| **Following the externship, are you prepared to provide feedback to FESS on your externship experience and how you and your learners have benefited from it?** |  |
| **I give permission to FESS to use information/data supplied by me in my application and evaluation forms, etc. This information/data may be used in FESS presentations, reports, articles, etc. Person/centre names will not be revealed.**  |  |
| **I confirm that the centre management supports my application for this EVP** |  |
| **Please confirm if you have been Garda Vetted by your ETB****All participants will be required to sign a confidentiality agreement on site.** |  |
| **Applicant purpose statement:****What do you hope to achieve by undertaking this externship?** **What programme/programme module(s) do you hope that this externship will support?****How might it enhance the delivery and assessment of your programme?****Any other relevant information in support of your application:** |