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Workshop: 1st May AND 24th September 2025

Time: 9:30am – 4:30pm (registration from 9:15am)

Follow-up day: 24th September 2025

*NB: Participants* ***must*** *attend BOTH dates*

Location: Room 4, Centre of Children’s Nurse Education (CCNE), CHI at Crumlin

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to regularly check in with my named supervisor as needed. In addition, I consent to attend all three dates and provide a FEDS service to my current cohort.

**Participant name:**

**Participant signature:**

**Date:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to provide support and supervision to the named participant above.

**Named supervisor:**

**Named supervisor signature:**

**Date:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to provide access to and support working within a FEDS caseload during and after this FEDS course.

**Named manager:**

**Named manager signature:**

**Date:**