





**Qualifications/Prior CPD in the Area:**

**Statement of support from Line Manager:**

I, \_\_\_\_\_, Line Manager to \_\_\_\_\_, support this application, and if successfully funded, I will approve release of this staff member to participate as per the course requirements.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(electronic signature or wet ink (i.e. not typed))

**Applicant Commitment**

I, \_\_\_\_\_, acknowledge requirement, and commit to undertake, all aspects required for completion of the course. Additionally, I commit to engage and work with the National HSCP Office to evaluate the impact of my participation in this professional development opportunity on a personal, service level, and service-user perspective.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We would like to keep your contact information on file for communication regarding future events or opportunities within the National Health & Social Care Office, HSE. Please indicate below if you consent for your details to be held:

Yes, I consent

No, I do not consent