

**UCD Site Declaration Form (January 2026)**  
**Requirements for the Nurse Authority to Refer for Radiological Procedures**  
**Education Programme**

Completed forms MUST be submitted to University College Dublin as part of the UCD application process. Incomplete or out of date forms will lead to your application being rejected. Please review *UCD's Professional Certificate Referring for Radiological Procedures* website for entry requirements and application opening and closing dates.

**To be completed by the applicant (Block Capitals)**

**N.B.** Please indicate your choice of *Nurse Authority to Refer for Radiological Procedures* education programme by ticking one of the following programme options:

**Adults Only**  **Children Only**  **Adults & Children**

Surname as per Nursing and Midwifery Board of Ireland (NMBI) Registration		
First Name as per NMBI Registration		
NMBI Personal Identification Number		
Name of health care institute in which you are currently employed		
Clinical area/specialty in which you are currently working		
Have you one year full time post registration experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you completed a minimum National Framework of Qualifications (NFQ) level 8 module in health assessment and physical examination of all system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Director of Nursing/Head Of Service/Service Manager/Designate		
Name and email address of Referral Site Co-ordinator/link person/designate	Name:	
	Email:	
What is the intended programme commencement date?	September 20_____	
If you are employed in the HSE or a HSE funded agency (section 38) can you confirm that you have applied to a NMPDU for funding for the education programme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you uploaded evidence of NMPDU funding approval onto the UCD application system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Please note:</b> Failure to upload written evidence of NMPDU funding approval on the UCD application system prior to the closing date will lead to your UCD application being rejected.		

To be completed by the Director of Nursing/Head of Service/Service Manager/Designate			
Governance Arrangements	Yes	No	Comment/Evidence
Is the applicant employed by a health service provider in a hospital, clinical or other health service setting? If other, please clarify.			
Do you have in place local governance arrangements to oversee the introduction and implementation of nurse authority to refer for radiological procedures*?			
Do you have in place a firm commitment by the health service provider's senior management to support nurses to refer patients for radiological procedures?			
Do you have clinical indemnity arrangements in place for Nurse Authority to Refer for Radiological Procedures?			
Have you identified a designated medical practitioner mentor who has agreed to facilitate student learning (from Sept. – Dec.) and assess the students competence in referral of a patient for a radiological procedures?			
Do student nurse referrers have access to a computer, a work email address and the internet at the point of practice?			
Have you committed to supporting the applicant to complete all aspects of the programme learning outcomes including attending lectures in-person where possible?			
Risk Management			
Do you have a Consultant/GP lead service for nurse referrers of radiological procedures?			
Do you have "Nurse Authority to Refer for Radiological Procedures" policies, procedures, and guidelines available to practitioners at the point of practice?			
Do you have a local pregnancy policy for the protection of the unborn child arising from ionising radiation at the point of practice?			
Do you have risk management systems in place (e.g. LIG, risk management committee, patient safety and quality review?)			
If yes, is there a process for;			
• Reporting and monitoring of adverse event/incident			
• Reporting and monitoring of near misses			
• Reporting and monitoring of referral errors			
Do you have in place or are you planning to put in place an agreed schedule for routine audit of nurse/midwife Referrals for Radiological Procedures?			

\*See HSE ONMSD (2025) HSE National Nurse Authority to Refer for Radiological Procedures Guideline: Appendix 8 Local Governance Checklist

<b>To be completed by the Director of Nursing/Head of Service/Service Manager/Designate</b>			
<b>Clinical Learning Environment</b>	<b>Yes</b>	<b>No</b>	<b>Comment/Evidence</b>
Is the quality of the clinical learning environment audited on an annual basis and is it fit for purpose?			
Does the clinical environment provide opportunities for learning that reflect the programme learning outcomes and the students individual learning needs?			
Are medical practitioner mentors and unit staff fully appraised and familiar with their role in supporting the student nurse referrer?			
Has the candidates scope of referral for radiological practice been agreed with the Medical Consultant and Consultant Radiologist			
Do student nurse referrer have access to iRefer guidelines to support referring decision making at the point of practice?			
Does the clinical learning environment provide appropriate assessment opportunities for students to demonstrate competency development?			
Do the Referral Site Co-ordinators meet with students and the medical practitioner to review and discuss student progress?			
Are there structures within which concerns around clinical practice are raised and addressed?			
<b>Additional Comments</b>			

<b>NAMES AND SIGNATURES</b>	
<b>Name of Director of Nursing/Midwifery/Head of Service/Service Manager/Designate (BLOCK CAPITALS)</b>	
Work Location/Department:	
Contact telephone number:	
Work email address:	
Signature:	
NMBI Number (If relevant):	
Date:	
<b>Name of Medical Practitioner/Mentor (BLOCK CAPITALS)</b>	
Work Location/Department:	
Contact telephone number:	
Work email address:	
Signature:	
Medical Council Registration Number (MCRN):	
Date:	
<b>Name of Consultant Radiologist (BLOCK CAPITALS)</b>	
Work Location/Department:	
Contact telephone number:	
Work email address:	
Signature:	
Medical Council Registration Number (MCRN):	
Date:	

