



UNIVERSITY of LIMERICK
OLLSCOIL LUIMNIGH

THE DEPARTMENT OF
**NURSING &
MIDWIFERY**

Pre-Placement Fitness to Practise Declaration

I confirm I have read the following documents

- a) the UL Fitness to Practise Policy available at:

http://www.ulsites.ul.ie/executive/sites/default/files/Fitness_Practise_Policy.pdf

- b) The Department of Nursing and Midwifery Fitness to Practise Statement available at:

http://www.ulsites.ul.ie/executive/sites/default/files/Nursing_Midwifery_FtP_Statement.pdf

In my opinion, I _____ (BLOCK LETTERS) have the ability to undertake safe and effective practise and to meet the standards of professional competencies noted in the University of Limerick Student Fitness to Practise Policy and Department of Nursing and Midwifery Fitness to Practise Statement.

Signed: _____ Date: _____

Print Name: _____ Student ID: _____

Cohort: _____ Discipline: _____

Please note false declarations in any of these statements will be regarded by UL as a matter for referral to the student disciplinary process.

This completed Pre-Placement Fitness to Practise Declaration must be signed and submitted as to Ms. Sheila Nolan, HSG-004, Department of Nursing and Midwifery by 5pm September 22nd 2017.