

**APPENDIX 1**

**QNIS FELLOWSHIP BY ASSESSMENT APPLICATION**

This form must be accompanied by a copy of your current CV.

Surname: .....

Forename: .....

NMC PIN Number: .....Date of Renewal: .....

Date of Application: .....

CV Enclosed: Yes \_

Workplace Address: .....

.....

.....

.....Post Code .....

Workplace Tel ..... Fax: .....

Email Address .....

Home Address: .....

.....

.....Post Code.....

I hereby notify the Queen's Nursing Institute, Scotland, that I wish to be considered as a Candidate for QNIS Fellowship By Assessment (Version II).

Signed ..... Date .....

Please return to: **The Queen's Nursing Institute, Scotland  
31, Castle Terrace, Edinburgh, EH1 2EL**