

Queen’s Nurse Application Form

Introduction

**Data protection statement:**

*Your privacy is important to us, and we will NOT pass your details to any third party. The Queen's Nursing Institute Scotland will only use the information provided on this form if we wish to contact you to verify the information you have provided.*

|  |  |
| --- | --- |
| 1. PERSONAL DETAILS | |
| Surname |  |
| First name(s) |  |
| Title *(e.g. Mr/Mrs/Ms/Miss/Other)* |  |
| Date of birth |  |
| NMC Registration Number |  |
| Revalidation date |  |
| Home address |  |
| Mobile telephone number |  |
| Home email address |  |
| How did you hear about the QN Title? |  |

|  |  |
| --- | --- |
| EMPLOYMENT DETAILS | |
| Current job title |  |
| Length of time in this role |  |
| Organisation name |  |
| Work address *(full)* |  |
| Work telephone number |  |
| Work email address |  |

|  |  |
| --- | --- |
| Nominating Nurse Executive Director (NHS staff) or equivalent lead nurse within your organisation: | |
| Name |  |
| Email address |  |

|  |  |
| --- | --- |
| Senior Nurse acting as programme sponsor: | |
| Name |  |
| Email address |  |

|  |  |  |
| --- | --- | --- |
| PROFESSIONAL AND HIGHER EDUCATION (Undergraduate and post-graduate of 1 year’s length or more) | | |
| Year | Institution | Qualification |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| KEY RESPONSIBILITIES IN CURRENT POSITION list briefly | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |

|  |  |  |
| --- | --- | --- |
| COMMUNITY NURSING EXPERIENCE – begin with position prior to current and detail your employment which demonstrates your experience in community based nursing roles | | |
| Date | Position | Key responsibilities |
|  |  |  |
|  |  |  |
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|  |  |  |

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| 1. IN SUPPORT OF YOUR APPLICATION – please read the excellence profile in the guidance document and give us examples from your nursing practice of how your expertise matches the areas below. |
| **How have you made a difference?**   * changing how things are currently done, * making things better for individuals, families and communities * and/or helping others to make a significant impact.   **(no more than 3500 characters which is around 500 words)** |
| **How have you demonstrated your tenacity and resilience?**   * finding your way across boundaries, around obstacles, through bureaucracy * successfully challenging attitudes * finding new doors to open each time one closes.   **(no more than 3500 characters which is around 500 words)** |
| **How have you brought people with you?**   * using your enthusiasm and persuasive nature * creating a ground swell of support and recognition that has “carried the day” * getting others to commit and get things done.   **(no more than 3500 characters which is around 500 words)** |
| **How have you demonstrated your ability to reflect?**   * listening deeply, seeking to understand what really matters. * approaching life reflectively, always learning and kind to self. * quick to attribute success to others and not seek credit for things.   **(no more than 3500 characters which is around 500 words)** |

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| 1. WHAT IS YOUR VISION for the role of Queen’s Nurses in Scotland’s communities and why would you like to be selected for the pioneering first cohort? |
| **(no more than 3500 characters which is around 500 words*)*** |

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| --- |
| 1. YOUR DEVELOPMENT PROJECT – please read the guidance document and tell us about the project you have agreed with your senior nurse sponsor which you will develop over the course of this programme setting out the nature of the issue or community need you wish to address, who will need to be involved, how you hope to make a difference and how you will measure the impact. |
| **(no more than 4000 characters which is around 550 words)** |



Equalities Monitoring Form

Strictly Confidential

QNIS is committed to promoting fairness and eliminating discrimination from recruitment and selection practices. We will ensure that no applicant receives less favourable treatment either directly or indirectly, on the grounds of age, race, disability, gender, marital status, religion or faith or sexual orientation.

To monitor and audit the effective delivery of this commitment, QNIS requires all applicants to provide information asked for in this monitoring form. This will only be used for this purpose, will form no part of the interview process and will be treated in strict confidence.

The form will be detached from your application form and transferred to database to help monitor the diversity of applications we receive. This will enable us to develop appropriate policies and procedures in respect of diversity and equal opportunities.

Name: Date:

1. Gender:  Male  Female

2. Date of birth:

3. Marital status:  Married  Single  Divorced

Other (Please specify …………………………)

4. Nationality:

5. How would you describe your ethnic origin?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **White** | | |  | **Black or black British** | | |
| **A** | British |  |  | **M** | Caribbean |  |
| **B** | Irish |  |  | **N** | African |  |
| **C** | Any other white background |  |  | **P** | Any other black background |  |
| **Mixed** | | |  | **Other ethnic groups** | | |
| **D** | White and black Caribbean |  |  | **R** | Chinese |  |
| **E** | White and black African |  |  | **S** | Other ethnic groups |  |
| **F** | White and Asian |  |  |  | Please specify …………………………….. |  |
| **G** | Other mixed background |  |  | **Z** | Not stated |  |
| **Asian or Asian British** | | |  |  | | |
| **H** | Indian |  |  |  |  |  |
| **J** | Pakistani |  |  |  |  |  |
| **K** | Bangladeshi |  |  |  |  |  |
| **L** | Other Asian background |  |  |  |  |  |
|  | Please specify ……………………………… |  |  |  |  |  |

6. Disability is defined by the Disability Discrimination Act as;

A physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. The disability could be physical, sensory or mental and must be expected to last at least 12 months.

**Are you a disabled person as defined by the Disability Discrimination Act?**

Yes  No

7. How would you describe your religion or belief?

Christian  Buddhist  Hindu  Jewish

Muslim  Sikh  None  Prefer not to say

Other (please specify ……………………………………………………………………)

8. What of the following describes your sexual orientation?

Bi-sexual  Gay  Heterosexual  Lesbian

Other  Prefer not to disclose

*Thank you for completing this form. Please return it with your application.*