## **COMMUNITY NURSING**

## **AWARD FOR LONG SERVICE**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of application: |  | QNIS Ref No *(if known)*: |  |

|  |  |  |
| --- | --- | --- |
| Title | First Name | Last Name |

|  |  |
| --- | --- |
| Total number of years of employment as a nurse within the community in Scotland |  |
| Any additional years of nursing in the community elsewhere in the UK or overseas |  |

**Please note that you must have at least 21 years working in the community to qualify for a Long Service Award**

**Professional Qualifications**

|  |  |  |
| --- | --- | --- |
| Date Completed | Name & Place of Education Institute | Qualification |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Brief Employment History**

|  |  |  |
| --- | --- | --- |
| Date | Position | Employer |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Please continue overleaf**

**Address to send Award to:**

|  |  |
| --- | --- |
| **Home Address OR Work Address** | |
| Name of health centre/other: | No: |
| No./Street: | Street: |
| Town: | Town: |
| County: | County: |
| Postcode: | Postcode: |
| Work Phone No: ( ) | Home Phone No: ( ) |
| Work Mobile No: ( ) | Home Mobile No: ( ) |
| Please send emails to… (*please print clearly)*  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is this a work:  or personal email:  Alternate email address:(if unable to contact you at address above)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Any personal data collected through this website will be processed in accordance with the General Data Protection Regulation 2018**

To verify that the information supplied on this form is correct we may contact your current employer. Please provide details below**:**

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Working relationship  to applicant: |  |

|  |
| --- |
| If you or the person nominating you would like to provide a supporting statement, please complete below: |

**Please return completed application to:**

[fiona.fitheridge@qnis.org.uk](mailto:fiona.fitheridge@qnis.org.uk) or

Fiona Fitheridge| Welfare and History Manager

31 Castle Terrace | Edinburgh | EH1 2EL

0131 229 2333 | [www.qnis.org.uk](http://www.qnis.org.uk)