**The Queen's Nursing Institute Scotland**

**Application for the Queen’s Nurse Programme**

**MANAGER STATEMENT**

|  |  |
| --- | --- |
| Name of Applicant |  |

|  |
| --- |
| **Manager (Organisational Sponsor)** |
| Name |  |
| Job title |  |
| Postal address |
| Postcode |  |
| Telephone number  | Mobile |
| Email | Fax |

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**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. If the candidate you are sponsoring is unsuccessful your personal data will be destroyed after six months. If the candidate you are sponsoring is successful your data will be kept in accordance with GDPR. For more information on your privacy rights please see our privacy policy* [*https://www.qnis.org.uk/privacy-policy*](https://www.qnis.org.uk/privacy-policy) *or contact* *comms@qnis.org.uk* *for a copy.*

|  |
| --- |
| How long have you known the applicant? *Please tick* |
| Less than 3 months | 3-6 months | 6 months - 1 year | 1-2 years | 2-5 years |
|  |  |  |  |  |
| In what capacity do you know the applicant?  |
| Please outline in what ways the candidate is seen as a community nursing expert and a role model by their peers. *(all boxes will expand as you type)* |
| **Supporting statement:** *Please use this space to provide us with a brief statement about why you would like to support this candidate’s application.* |
| **Issue for Development:** *Please comment on the importance of the agreed issue to be explored to the local community and your commitment as project sponsor.* |

**Manager – Organisational Sponsor**

I have worked with the candidate on this issue for development and agree the work is a priority for this community and I will actively support the work.

Signature of Manager:

**Nomination by Executive Nurse Director (or equivalent)**

I am delighted to nominate [insert name of candidate] for selection as a Queen’s Nurse. We commit to enabling her/him to attend the residential and follow up workshops and to supporting the development project which she/he will undertake during the nine-month programme.

Name of Executive Nurse Director (or equivalent):

Signature: