

**Careers in the Community Grant**

**Application Form**

We support Community Nurses, Midwives and Care Home nurses who are in need of financial assistance to further their education

 **CRITERIA**

* We only fund accredited courses and modules in Community Nursing
* Courses must demonstrate a clear benefit to patients
* Grants are available for fees and books
* Travel costs to attend educational courses are not normally funded
* Applications are considered on a discretionary basis and assessed individually
* Successful applicants will be asked to provide feedback following completion of the programme
* ***Please note we cannot help nurses in Scotland and nurses living there should contact QNI Scotland instead****.*

 **APPLICATION FORM**

In order to avoid disappointment, please ensure that you fit the eligibility criteria above and are able to provide all required supporting documentation:

Please tick below to indicate you have collated all the relevant documents required:

* Application Form [ ]
* Managers support letter [ ]
* Details and Evidence of Course and Fees [ ]
* Amount of funding sought insert here - £

Complete the application form below, either by hand or typing into the document. You can send the form and required supporting documents

* By email to joanne.moorby@qni.org.uk



**Application Form**

PRIVATE & CONFIDENTIAL

|  |
| --- |
| YOUR DETAILS |
| Surname:  |  | Forename:  |  |
| Date of birth: |  | Middle name(s): |  |
| Home tel: |  | Mobile : |  |
| Email: |  |
| Address: |  |
| Town: |  | County: |  |
| Postcode: |  |
| Number and ages of dependent children |  |
| EMPLOYMENT |
| Name of current employer |    |
| Address of Current employer  |  |
| Does your employer support this course?*(if so are they contributing towards the cost ? Amount of contribution?**A letter from your manager in support of your application is required*  |  |
| Current job title | Click or tap here to enter text. |
| Current Salary grade |  |
| NMC Pin Number: | Click or tap here to enter text. |
| Renewal date  |  |
| The Queen’s Nursing Institute |
| Are you a Queens Nurse?  |  |
| Have you received educational funding from the QNI in the past? (*N.B. Education grants from QNI can only be paid once*) | [ ]  Yes **Date received**[ ]  No  |
| COURSE |
| Please identify the course or training programme that you wish to undertake. |
|  |
| How will this course help you to improve the care of your patients? |
|  |
| COURSE PROVIDER |
| Course Provider  |  |
| Course Validation  | [ ]  NMC[ ]  Education for Health[ ]  Open University[ ]  other please state  |
| Cost of course £QNI awards will be paid to the provider | £Click or tap here to enter text. |
| Date payment due |  |
| Course start date |  |
| Course finish date (a feedback form will be required) |  |
| Are you receiving a bursary or any funding towards this course? |  |

|  |
| --- |
| NURSING CAREER |
| Please provide a short summary of your nursing career to date (CVs will not be accepted) Employment history/Details of Current role? Qualifications/ professional development activities. |
|  |
| Career Aspirations  |
| What are your career aspirations? What post would you like to have in 2 years? |
|  |
| QNI  |
| How did you hear about the QNI?  |
|  |
|  |
| Signature  |
| Please sign  |
| Signature |  |
| Date  | Click or tap here to enter text. |

Data Protection: Your privacy is important to us and we will not pass your details to any third party. The Queen’s Nursing Institute will use the information provided on the application form to process the proposal and manage any funding awarded. We will also use the information to communicate with you on issues which we feel may be of interest to you. By providing us with your information, you consent to us using it for the purposes outlined above.

**CHECK LIST**

Please tick below to indicate you have collated all the relevant documents required:

* Application Form [ ]
* Managers support letter [ ]
* Details and Evidence of Course and fees [ ]
* Amount of funding sought insert here - £

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**The Queen’s Nursing Institute**

**Equality and Diversity Monitoring Form**

We would be very grateful if you would provide the following information.

It will only be used to monitor the effectiveness of our equality and diversity policy.

**Ethnicity**

Please choose ONE section from A to F, and then tick the appropriate box

|  |
| --- |
| A – Asian or Asian British☐  Bangladeshi☐  Indian☐  Pakistani      Any other Asian background, please write here:  |
| B – Black or Black British☐  African☐  Caribbean      Any other Black background, please write here:  |
| C – Chinese or other ethnic group☐  Chinese      Any other ethnic background, please write here:  |
| D – Mixed Heritage☐  White and Asian☐  White and Black African☐  White and Black Caribbean        Any other Mixed background, please write here: |
| E – White☐  British☐  English☐  Irish☐  Scottish☐  Welsh      Any other White background, please write here:  |
| F –  Other☐  Prefer not to say |

**Disability**

|  |
| --- |
| Do you consider yourself to have a disability or long-term health condition?☐  Yes☐  No  |
| What is the effect or impact of your disability of health condition? |
|  ☐  Prefer not to say     |

**Gender**

|  |
| --- |
| Would you describe yourself as:☐  Male☐  Female |
|  ☐  Prefer not to say |

**Sexual orientation**

|  |
| --- |
| What is your sexual orientation?☐  Bisexual☐  Gay man☐  Gay Woman☐  Heterosexual☐  Other |
|  ☐  Prefer not to say |

**Age**

|  |
| --- |
| Are you aged:☐  18 – 25 years☐  26 – 65 years☐  66 years and over |
|  ☐  Prefer not to say |

**Religion and belief**

|  |
| --- |
| Please tick the box that best describes you:☐  Buddhis☐  Sikh☐  Christian☐  Hindu☐  Jewish☐  Muslim☐  No religion☐  Other religion or belief (please state): |
| ☐  Prefer not to say  |