

**The Queen’s Nursing Institute**

**APPLICATION FOR THE LONG SERVICE AWARD**

Long Service Badges were traditionally awarded to the original Queen’s Nurses, for 21 years’ service and above. In 2008, the Long Service Badge was re-instated for District Nurses who had completed 21 years’ service. The QNI’s Council has since resolved that all community services are recognised by this award and it is now therefore available to all community nurses across all specialties.

A community nurse is eligible for a Long Service Award on completion of 21 years’ service working in the community, even if some of this time has been in management, education or part-time. This is subject to confirmation by the nurse’s employer.

Post-registration training courses or periods of service overseas, which are related to community nursing, will be taken into consideration. **All applications will be considered on an individual basis**.

Please complete all sections on this form. Thespace available in the following tables is for guidance only. As this is a Word document, the table will expand to accommodate text; alternatively, please attach additional sheets as necessary.

Find out more and explore Frequently Asked Questions on our website: [**https://qni.org.uk/explore-qni/qni-awards/long-service-award**](https://qni.org.uk/explore-qni/qni-awards/long-service-award/)

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| --- | --- | --- | --- |
| YOUR DETAILS | |  |  |
| Your name: |  | | |
| NMC registration number: |  | | |
| Address for correspondence: |  | | |
| Telephone number: |  | | |
| Email address: |  | | |
| Current post/title and employing organisation: |  | | |
| PROFESSIONAL QUALIFICATION | |  |  |
| Year: | **Qualification:** | **Awarding organisation:** | |
| Confirmation of 21 years’ service in community nursing:  *Please list employment history to demonstrate 21 years as a Community Nurse. (Part-time service is counted as half full-time service. The equivalent amount of part-time service must have been worked to be eligible for the Award).* | | | |
| Employing organisation | **Job title** | **Dates** | **Full time/part time – please state** |
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|  |  |  |  |
|  |  |  |  |
| In this section please reflect on your 21 years’ service and describe how you have contributed to high quality patient care. *(500 words)* | | | |
| MANAGER’S SECTION - I have checked the applicant’s personnel file, and confirm that the employment history given in this application matches the information held on file. | | | |
| Manager’s name: |  | | |
| Job title: |  | | |
| Contact number: |  | | |
| Manager’s signature |  | | |
| Date: |  | | |
| 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 will only use the information provided on this form if we wish to contact you to verify the information you have provided.*  [Please click here to sign-up to QNI email updates or join QNI networks.](https://qni.org.uk/news-and-events/newsletters/) | | | |
| IMPORTANT | | | |
| Please submit your application form, photocopied evidence of relevant professional qualifications via email only to Gabriella Acen, at [gabriella.acen@qni.org.uk](mailto:gabriella.acen@qni.org.uk).  Upon receipt of your application, we will ask you to make a payment of £25 as per details provided.  Successful applicants will receive a certificate and at a later stage also a Long Service Badge.  *We would appreciate if you could complete the Equality and Diversity Monitoring Form at the end of this document*. | | | |
| FOR QNI PURPOSES ONLY | | | |
| Application authorised by: | | | |
| Date: | | | |
| CHECK LIST – please tick below to indicate you have collated all relevant documents required: | | | |
| Application form: | | | |
| Evidence of Nurse qualification *(photocopy is acceptable)*: | | | |

**Equality and Diversity form**

|  |
| --- |
| Ethnicity |
| South Asian or Asian British  Bangladeshi  Indian  Pakistani  Any other background, please write here: …………………………………….. |
| Black or Black British  African  Caribbean  Any other background, please write here: …………………………………….. |
| Middle Eastern or North African  Middle Eastern  North African  Any other background, please write here: …………………………………….. |
| Chinese or other South East/East Asian  Chinese  Any other background, please write here: …………………………………….. |
| Native American/Latino/Latin American  Native American  Latino/Latin American  Any other background, please write here: …………………………………….. |
| Mixed Heritage  White and Asian  White and Black African  White and Black Caribbean  Any other background, please write here: …………………………………….. |
| Indigenous Populations  Indigenous Australian  Maori  Pacific Islander  Indigenous Arctic  Any other background, please write here: …………………………………….. |
| White  British  English  Irish  Scottish  Welsh  Any other background, please write here: …………………………………….. |
| Prefer not to say |
| Disability |
| Do you consider yourself to have a disability or long-term health condition:  Yes  No    Prefer not to say |
| Gender |
| Would you describe yourself as:  Male (including trans male)  Female (including trans female)  Non binary    Any other, please write here: ……………………………………..  Prefer not to say |
| Sexual orientation |
| What is your sexual orientation:  Bisexual  Gay  Lesbian  Heterosexual  Asexual  Questioning/unsure    Any other, please write here: ……………………………………..  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 your beliefs:  Buddhist  Christian  Hindu  Sikh  Jewish  Muslim  No religion    Any other, please write here: ……………………………………..  Prefer not to say |