

**Nomination for**

**International Community Nurse of the Year**

**2024**

**Closing date:**

**Sunday 22nd September 2024**

**CONFIDENTIAL**

Registered nurses who have joined the health and social care services in England having undertaken their initial nurse training nurse internationally are highly valued members of the nursing workforce.

This award of International Community Nurse of the Year celebrates the contribution of international nurses and recognises one outstanding nurse who has been working in England as a registered nurse for the last 1-5 years.

The submissions will be competitively assessed by a panel which includes an experienced International Nurse working at a senior level in England. The award will be given to the International Nurse who scores the highest against the criteria below.

**Essential criteria:**

* Registered nurse (NMC)
* Trained and registered as a nurse outside of the United Kingdom, Channel Islands and the Isle of Man
* Resident in England and working as a Registered Nurse for a minimum of one year and less than four years
* Working in any community setting – including a community hospital, general practice and adult social care/care home
* Been in post for a minimum of one year and in a substantive position (either part time or full time)
* Nomination for the award made by the Registered Nurse’s line manager.
* Line manager able to provide evidence of exceptional performance and commitment to serving their community (outputs from projects/improvement/ feedback from peers/team/manager)

**Criteria for nomination**

* Evidence of a commitment to community nursing (learning about community, innovation introduced, motivated to undertake their professional development in the community setting)
* Demonstrates highest quality patient care at all times (patient and/or peer reports to team manager and/or line manager)
* Demonstrates professional integrity, role models and contributes to education and development of other team members (patient and/or peer reports to team manager and/or line manager)
* Has led or contributed to a service improvement that has demonstrated benefits to patients, carers and staff

*Please complete all sections on this form. The**size of the following tables are for guidance only - as this is a Word document, the table will expand to accommodate text; alternatively please attach additional sheets as necessary.*

|  |  |  |
| --- | --- | --- |
| NOMINEE | |  |
| Name of nominee |  | |
| Work telephone number |  | |
| Work email address |  | |
| Job title |  | |
| Name and address of employing organisation |  | |
| Confirmation of 1 year service in community nursing | **I confirm that the nominee has worked** **in a community nursing role in this or other organisations for at least 1 year:**   |  | | --- | |  |   Please tick: | |
| Statement  (1 of 3) | **How does the nominee demonstrate their personal commitment to community nursing?**  (This is about how they have embraced working in the community, any innovative practice introduced, their community professional development.)  *Please use specific examples where possible (500 words max).* | |
| Statement  (2 of 3) | **How does the nominee demonstrate the highest quality patient care at all times?**  (This is about the quality of their work and how they have contributed to a service improvement that has demonstrated benefits to patients, carers and staff)  *Please use specific examples you have from peers or patients, carers and family where possible (500 words max).* | |
| Statement  (3 of 3) | **How does the nominee demonstrate professional integrity and act as a role model in supporting the education and development of team members?**  (This is about their team working and the support they give to others)  *Please use specific examples you have from peers or patients, carers and family where possible (500 words max).* | |

|  |  |  |
| --- | --- | --- |
| NOMINATOR | |  |
| Name of nominator |  | |
| Designation |  | |
| Address for correspondence |  | |
| Email address |  | |
| Telephone number |  | |
| Contact details of second person who knows the nominee, who may also be contacted by the assessment panel: | Name:  Address:  Email address:  Telephone number:   |  | | --- | |  |   I have authorisation to share this individual’s details with the QNI. (please tick) | |

Thank you for completing this nomination form.

It is essential that you do **NOT** inform the nominee that their name has been submitted for consideration for this award in order to avoid disappointment to nominees who are not selected.

Nominations will be assessed by a panel consisting of Trustees and Fellows of the QNI, chaired by the Chair of the QNI’s Council. The Chair or another panel member may telephone you for further information.

**Please note:**

Nominees can only receive the award once.

We do not accept additional supporting statements; assessment is by nomination form only.

**We may want to use your comments anonymously in our literature to illustrate the qualities of the Award Winner.**

*Please tick the box if you do* ***NOT*** *want us to do this*

**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 note that due to historical value of this award, if the nominee is successful, your details will be kept permanently as part of The QNI archives.

If the nominee is unsuccessful, we will hold your details for 3 months after the decision has been made.

*You can view our Privacy Policy at* [*www.qni.org.uk/privacy*](http://www.qni.org.uk/privacy) *.*

**Please submit the completed form by email to** [**gabriella.acen@qni.org.uk**](mailto:gabriella.acen@qni.org.uk) **by 23.59pm Sunday 22nd  September 2024.**

**Thank you.**