

**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 are required 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](mailto: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?  (Minimum 150 words: Maximum 500 words) | | | | |
|  | | | | |
| COURSE PROVIDER | | | | |
| Course Provider | |  | | |
| Course Validation | | NMC  Education for Health  Open University  other please state | | |
| Cost of course £:  \*Please provide evidence of cost  QNI awards will be paid to the provider | | £  Click or tap here to enter text. | | |
| Date payment due | |  | | |
| Course start date | |  | | |
| Course finish date | |  | | |
| I agree to provide a feedback form to the QNI as a condition of any grant award | | Yes – please tick box | | |
| Are you receiving a bursary or any funding towards this course?  (If yes, please state name of grant provider and amount of award) | |  | | |

|  |  |
| --- | --- |
| NURSING CAREER | |
| Please provide a short summary of your nursing career to date (CV’s will not be accepted) Employment history/Details of Current role? Qualifications/ professional development activities  (Minimum 150 words Maximum 500 words) | |
|  | |
| Career Aspirations | |
| What are your career aspirations? What post would you like to have in 2 years?  (Minimum 150 words Maximum words 500 words) | |
|  | |
| QNI | |
| How did you hear about the QNI? | |
|  | |
|  | |
| Signature | |
| I agree to provide a feedback form to the QNI as a condition of any grant award. \*Failure to do so may result in request for grant to be returned.  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 - £

**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 |