

**Careers in the Community Grant**

**Application Form**

We support Community Nurses, Midwives and Care Home nurses in England, Wales and Northern Ireland 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.**

**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
* Manager’s support letter
* Details and Evidence of Course and Fees
* Amount of funding sought: £

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 age of dependent children/adults | | |  | | | |
| EMPLOYMENT | | | | | | |
| Name of current employer | | | |  | | |
| Address of current employer | | | |  | | |
| Does your employer support this course?  *If yes, please give details how they support you.*  *Are they contributing towards the cost? Amount of contribution?* | | | |  | | |
| Current job title | | | |  | | |
| Current salary grade | | | |  | | |
| NMC pin number: | | | |  | | |
| NMC pin renewal date | | | |  | | |
| The Queen’s Nursing Institute | | | | | | |
| Are you a Queens Nurse? | | | | Yes  No | | |
| Have you received educational funding from the QNI in the past? | | | | Yes Year received:  No  *N.B. Education grants from QNI can only be paid once* | | |
| 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)* | | | | | | |
|  | | | | | | |
| COURSE PROVIDER | | | | | | |
| Course provider’s name and address | | | |  | | |
| Course Validation | | | | NMC  Education for Health  Open University  other please state | | |
| Cost of course  \*You need provide evidence of cost.  \*\* QNI awards will be paid to the provider | | | | *£* | | |
| Date payment due | | | |  | | |
| Course start date | | | |  | | |
| Course finish date | | | |  | | |
| A feedback form is required on completion of the course | | | | I agree to provide a feedback form to the QNI as a condition of any grant award. | | |
| Are you receiving a bursary or any funding towards this course?  *If yes, please state name of grant provider and amount of award.* | | | | Yes  No | | |
| Have you applied for your NHS CPD Training grant?  *If yes, please give details of award.*  *If no, please give details, why.* | | | | Yes  No | | |
| 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.* *(Minimum 150 words)* | | | | | | |
|  | | | | | | |
| Career Aspirations | | | | | | |
| What are your career aspirations? What post would you like to have in 2 years?  *(Minimum 150 words)* | | | | | | |
|  | | | | | | |
| QNI | | | | | | |
| How did you hear about the QNI? | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Signature | | | | | | |
| I agree to provide a feedback form on completion of the course | | | | | | |
| Signature | |  | | | | |
| Date | |  | | | | |

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: £

****

**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 H, and then tick the appropriate box |
| A – South Asian or Asian British  ☐  Bangladeshi  ☐  Indian  ☐  Pakistani   Any other South Asian background, please write here: |
| B – Black or Black British  ☐  African  ☐  Caribbean  Any other Black background, please write here: |
| C – Middle Eastern or North African  ☐  Middle Eastern  ☐  North African  Any other background, please write here: |
| D – Chinese or other South East / East Asian  ☐  Chinese    Any other background, please write here: |
| E – Native American/Latino/Latin American  ☐  Native American  ☐  Latino/Latin American        Any other background, please write here: |
| F –  Mixed Heritage  ☐  White and Asian  ☐  White and Black African  ☐  White and Black Caribbean  Any other Mixed background, please write here: |
| G – Indigenous Populations  ☐  Indigenous Australian  ☐  Maori  ☐  Pacific Islander  ☐  Indigenous Arctic  Any other background, please write here: |
| H – White  ☐  British  ☐  English  ☐  Irish  ☐  Scottish  ☐  Welsh  Any other background, please write here: |
| I – 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    (including trans male)  ☐  Female  (including trans female)  ☐  Non binary  ☐  other |
| ☐  Prefer not to say |

|  |
| --- |
| **Sexual orientation** |
| What is your sexual orientation?  ☐  Bisexual  ☐  Gay man  ☐  Gay Woman  ☐  Heterosexual  ☐  Asexual  ☐  Questioning/unsure  ☐  Other |
| ☐  Prefer not to say |

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

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