Crohn’s & Colitis UK Nurse Specialist Programme

RCN Pathway 2024

# Personal Details

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| --- | --- |
| First Name:  | Surname: |
| Home Address:Postcode: |
| Telephone (Daytime): | Telephone (Evenings): |
| Email address: | Mobile: |
| NMC PIN: | Expiry Date: |

# Employment Details and Qualifications

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| --- | --- |
| Current Role Title: | Start Date: |
| Trust/Organisation: | Hospital: |
| Ward/Department/Unit: | Address:Postcode: |
| **Supporting Manager – to be completed by your line manager**I support this application and confirm that I have read the document ‘Information for Managers’ and agree to its content.I agree that the applicant is currently working, or has potential to develop, advanced nursing practice e.g. undertaking advanced assessment, running nurse led clinics, prescribing and monitoring treatments. |
| Signed:Name in block letters | Email:Telephone number & ext: |

## Current Job Plan

Please complete the grid below showing details of your weekly activity.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

## Academic & Professional Qualifications Already Achieved (including MSc)

We may request copies of your professional certificates, qualifications, degree / diploma certificates and evidence of any credits following interview

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| --- | --- | --- | --- |
| University / Awarding Institution / Examining Body | Higher Education Qualification / Module Title(title, subjects, class or grade) | Credit Points Awarded & Level | Date Awarded |
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## Examinations or assessments to be taken or results pending (if none write ‘none’)

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| --- | --- | --- | --- |
| University / Awarding Institution / Examining Body | Higher Education Qualification / Module Title(title, subjects, class or grade) | Credit Points Awarded & Level | Date Awarded |
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| I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed.I hereby give my consent to the Charity processing the data supplied on this application form for the purpose of recruitment and selection. **Privacy**We are aware of our obligations under data protection legislation, including the obligation to collect only the data that is required for our specific purpose. The information collected in this application form is specific to our recruitment exercise and necessary for the performance of the role that you have applied for. If you are recruited for the role you have applied for, or any other role you are offered by us, the information provided will then be used for the purposes of your employment with us, together with further information collected upon recruitment for those purposes. Our data protection policy sets out our approach to ensuring that your data is processed in line with the data protection principles within current data protection legislation. Full details of our privacy policy in relation to job applications can be found on our website. |
| Signed: | Dated: |

# Personal Statement

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| Please indicate your reasons for choosing the Crohn’s & Colitis UK Nurse specialist programme, your career aspirations and any other information you wish us to know about when considering your application. Remember to address each element of the ‘role description – who we are looking for’ in order, clearly, concisely and fully and give examples to demonstrate how you fulfil each requirement. (500 word limit). |

# Background Information

Crohn’s & Colitis UK always treat your personal details with great care and we keep your information safe. We only hold information for communication, analysis and administrative purposes, and our full privacy notice explains what we do, and how we control your personal information.

We know that some types of personal details are more sensitive.  We only request this information to support our work when there is a clear reason for this. For example, to make improvements to our patient information, or to better inform our work. **Sharing this information with us is optional and you can have this data removed from our records at any time.**

This information will also enable us to ensure our Crohn’s & Colitis UK Nurse Specialists represent everybody living with Crohn’s and Colitis.

We plan to use this information to help us inform the way we recruit Crohn’s & Colitis UK Nurse Specialists, helping us increase the number of people who are typically excluded or marginalised in this area.

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| --- | --- |
| What is your date of birth? |  |
| Which of the following best describes your gender? | Please select from:* Man
* Non-binary
* Woman
* Prefer to self describe (please describe)
* Prefer not to say
 |
| What is your ethnic group?Choose one option that best describes your ethnic group or background. | **Asian / Asian British*** Bangladeshi
* Chinese
* Indian
* Pakistani
* Any other Asian background, (please describe)

**Black / African / Caribbean / Black British** * African
* Caribbean
* Any other Black/African/Caribbean background, (please describe)

**Mixed / Multiple ethnic groups** * Asian and White
* Black Caribbean
* Black African and White
* Any other Mixed/Multiple ethnic background, (please describe)

**White** * English/Welsh/Scottish/Northern Irish/British
* Gypsy or Irish
* Irish
* Any other White background, (please describe)

**Any other ethnic group** * Arab
* Any other ethnic group, (please describe)
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