**Application Form - Nurses**

**About You**

|  |  |
| --- | --- |
| Title: |  |
| Name: |  |
| Job Title: |  |
| Hospital: |  |
| Email: |  |
| Phone: |  |
| NMC Number: |  |

|  |
| --- |
| **Which network do you work in?** |
| East Midlands |  | East of England |  |
| Kent, Surrey and Sussex |  | London |  |
| Northern |  | Northern Ireland |  |
| North West |  | Scotland |  |
| South West |  | Thames Valley and Wessex |  |
| Wales |  | West Midlands |  |
| Yorkshire and Humber |  | Outside of UK |  |

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| **What level of unit do you work in?** |
| Medical NICU |  | LNU |  | SCU |  |
| NICU with surgery |  |  |  |  |  |

**Essential Criteria**

|  |  |
| --- | --- |
| What year did you become a UK registered nurse? |  |
| When did you become a band 7 nurse? |  |
| Are you currently still in neonatal clinical practice? |  |
| If no, when did you retire / leave neonates? |  |
| Are you Qualified in Specialty (QIS)? |  |
| Please type your name into this box to confirm you have no restrictions to practise and you are not subject to any pending or current fitness to practise investigations from NMC or other regulatory body. |  |

**Please outline your experience of undertaking governance and mortality review processes at local, regional and / or national level (max 100 words)**

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|  |

**Types of review**

Which types of reviews would you consider supporting (yes / no)?

|  |  |
| --- | --- |
| **Service Reviews**(I understand my details will be passed to RCPCH) |  |
| **Mortality or Serious Case Reviews** (I understand my details will be passed to the trust recruiting independent reviewers)  |  |

By typing my name below I declare that the above information is correct as of today:

|  |  |
| --- | --- |
| **Name:** |  |
| **Date:**  |  |

Return completed forms to bapm@rcpch.ac.uk

For more information about BAPM’s Reviewer Register please visit the [BAPM Website](https://www.bapm.org/pages/independent-reviewers-register).