**Application for the role of Legacy Nurse**

**Please complete this form and submit it to Ealing Training Hub - nhsnwl.education@nhs.net**

**Please attach your CV which needs to include details of relevant CPD related to this application.**

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| --- | --- |
| Name |  |
| Email Address: |  |
| Current Borough that you work in: |  |
| NMC Registration Number and date of Expiry: |  |
| Are you an experienced General Practice Nurse or Advanced Nurse Practitioner who works in General Practice?  If yes,, how long have you been in post? |  |
| Are you planning to retire soon? |  |
| Are you happy to work on a sessional ad hoc basis? |  |
| Do you have expertise and experience in a particular clinical area? Please detail here.  (Please ensure relevant qualifications are included in your CV) |  |
| Have you done the SSSA Training?  If not would you be willing to undergo training? |  |
| What days do you currently work and what hours? What days would you potentially be able to work as a Legacy Nurse? |  |
| Do you hold appropriate indemnity insurance? (please provide details – usually RCN) |  |
| Signature: |  |

Thank you for your interest in becoming a Legacy Nurse. Your TH lead will be in touch once they receive this form and you will be invited for an informal discussion about the role.