



APPLICATION FORM

First Name Middle Name(s) Last Name

*Please underline your preferred name

Title/Rank (Mr, Mrs, Ms, Col, Prof, etc.) Previous Name (if applicable)

Post Nominals/Decorations

Address

Postcode

Personal Email Address.....

Mobile.....Phone Number

Date of Birth/...../...../

Nursing Qualification(s).....

Nurse Training (date and place where completed)

NMC Pin

(If no longer on the Register, please give your previous NMC PIN, UKCC or GNC Registration Number)

Job Title

* **Current Role** Please tick those boxes which best describe your current role

- Acute Community Education Health Visiting Independent
- Learning Disabilities Management Mental Health Midwifery Military Nursing
- Nurse Entrepreneur Nurse Specialist Occupational Health Paediatrics
- Postgraduate student Primary Care Private healthcare Research Residential care
- Social Care Student Nurse/Midwife
- Working outside of healthcare/nursing (please specify)
- Other (please specify)
- Retired

* **Previous areas of speciality** Please tick all that apply

- Acute Community Education Health Visiting Independent
- Learning Disabilities Management Mental Health Midwifery Military Nursing
- Nurse Entrepreneur Nurse Specialist Occupational Health Paediatrics Primary Care
- Private healthcare Research Residential care Social Care
- Working outside of healthcare/nursing (please specify)
- Other (please specify)



Preferred Professional Development areas:

Do you consider yourself to have a disability or to require reasonable adjustment when receiving Company communications or attending Company events? Yes No Prefer not to say

If Yes, please give us more details.....

Please indicate how you heard about the Company:

Proposer..... Secondery

Are you a Freeman or Liveryman of another Company? Yes No
If you are a Liveryman, please provide details of your Mother Company.

Have you been granted the Freedom of the City of London? Yes No
If so, please give the date of your admission to the Freedom of the City of London

Should your application to become a Freeman of the Worshipful Company of Nurses be successful, would you be agreeable for us to share your address and email with other Freemen and Liverymen on our password protected section of the website for the purposes of local friendships and networks? Yes No

I confirm that the information contained within this application form is accurate to the best of my knowledge and I give permission for The Worshipful Company of Nurses to contact and communicate with me via email, telephone, text and post. I confirm that I have never been declared bankrupt and that I have no unspent criminal convictions. I confirm that I have never had any restrictions on my practice and I have not been suspended or struck off the NMC register or equivalent register.

- I agree to inform the Company of any changes in my circumstances to admin@companyofnurses.co.uk
- I give my explicit permission for The Worshipful Company of Nurses to hold, process, and share internally and with the City of London Corporation my personal data, as contained within this form.

Signature **Date**

Please complete this page and choose a level of membership

Type of membership	Quarterage	Please tick
Annual	£75 + £50 one off joining fee	
Apprentice	£10	

- I would also like to make a donation of £.....to: The Worshipful Company of Nurses

TOTAL PAYMENT: £.....

Please indicate below how you made your payment.

- I have paid electronically by BACS transfer

To: Lloyds Bank:
Sort code: 30-90-92
Acc no.: 32947968
Acc name: The Company of Nurses
On: Date:/...../.....
Reference: Please use your surname and 2 initials e.g. Smith E C

- I enclose a cheque payable to The Company of Nurses to the value of £.....

For ease of administration, you are required to complete the Direct Debit mandate on page 4, in order that annual quarterage payments can in future be collected direct from your bank, if your application is successful.

In the unlikely event your application was unsuccessful any payments made would be reimbursed

**Please e-mail completed form to admin@companyofnurses.co.uk
or post (with cheque where appropriate) to:**

**The Worshipful Company of Nurses
Information Technologists' Hall, 39A Bartholomew Close, London EC1A 7JN**

Thank you for your application to join the Worshipful Company of Nurses and in so doing create a legacy for the generations of nurses who follow us

MONITORING INFORMATION

This section of the application form will be detached from your application form above and will be used for monitoring purposes only.

The Worshipful Company of Nurses is committed to diversity and inclusion and our Ordinances state: *Membership of the Company shall be open to anyone who meets the eligibility criteria applicable at the time of applying regardless of age, sex, race, disability, religion or belief, sexual orientation, or gender reassignment.* These values are enshrined in professional nursing practice and our regulatory Code of Conduct as access to nursing care is based on the needs of the people we treat and equality is central to our practice.

Why are you asking me these questions?

We are asking you these questions because to monitor the diversity of our Company we need accurate comparative data. Monitoring this data is the first step in identifying areas in which we can improve the Company's representativeness in the context of our profession.

How were the questions developed?

Since 2010, the Equality Act has defined nine protected characteristics. This means that it is against the law to discriminate against someone because of one of these characteristics. The questions we ask reflect these legally binding characteristics and are identical to those asked by the Nursing & Midwifery Council. A detailed description of the characteristics can be found on the Equality & Human Rights Commission website: <https://www.equalityhumanrights.com/en> (also available in Welsh).

What will you do with my data?

Your data will be stored anonymously and securely. It will be password protected. It will only be viewed and used for analytical purposes and to ensure that the Company makes good progress with its goal of being a Company that is representative of our profession.

The key element of the data analysis is to compare the Company's data against those of the Nursing & Midwifery Council (NMC), which is publicly available and our benchmark. This is why the questions we ask are identical to those asked by the NMC. The data will enable us to determine how representative the Company is in the context of the profession as a whole.

When considering your application and / or progression within the Company those involved in the decision-making process will not be able to see or connect your name or email address to the completed form or the data within it.

Do I have to complete this form in order to be a Freeman of the Company?

No. The completion, or not, of this form will have no bearing on your application to join the Company or your progression within it. However, we dearly hope that you will help us by completing this form and join us in our quest to be a Company that is forward thinking and leading the way with diversity and inclusion. We can only do this with accurate data and with your help and support.

MONITORING DATA

Do you have caring responsibilities? Please tick all that apply

- None
- Primary carer of a child or children (under 18 years)
- Primary carer of disabled child or children
- Primary carer of disabled adult (18 years and over)
- Primary carer of adult (18 years and over)
- Primary carer of older person or people (65 years and over)
- Secondary carer
- Other
- Prefer not to say

What is your ethnic group?

Asian or Asian British

- Bangladeshi
- Chinese
- Filipina/Filipino
- Indian
- Pakistani
- Any other Asian background

Black, African, Caribbean or Black British

- African
- Caribbean
- Any other Black, African or Caribbean background

Mixed or multiple ethnic groups

- White & Asian
- White & Black African
- White and Black Caribbean

Any other mixed or multiple ethnic background

White

British, English, Northern Irish, Scottish or Welsh Irish Gypsy, Roma or traveller
 Any other White background

Other Ethnic Group

Arab Any other ethnic group

Prefer not to say

How would you best describe your national identity? Tick all that apply

British English Irish Northern Irish Scottish
 Welsh Other Prefer not to say

What is your gender?

Woman Man Other Prefer not to say

Does your gender identity match your sex as registered at birth (or within 6 weeks)?

Yes No Prefer not to say

Which of the following options best describes your sexual orientation?

Bisexual Gay or Lesbian Heterosexual / straight Other Prefer not to say

What is your religion of belief?

Buddhist Christian Hindu Jewish Muslim
 Sikh Other (please specify) No religion Prefer not to say

Disability

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term negative (i.e., has lasted or is expected to last at least 12 months) adverse effect on the person's ability to carry out normal day to day activities.

Do you consider yourself to have a disability according to the definition above?

Yes No Prefer not to say

If yes, please state the type of impairment which applies to you

Blind or sight loss Deaf or hearing loss Mobility Manual dexterity
 Learning Disability Mental health concern Speech impairment Cognitive Disability
 Other impairment e.g. epilepsy, cardiovascular conditions, asthma, cancer, facial disfigurement, sickle cell anaemia or progressive conditions such as motor neurone disease.
 Other Prefer not to say

Thank you for completing this form.

The Worshipful Company of Nurses, Information Technologists' Hall, 39A Bartholomew Close, London
EC1A 7JN

www.companyofnurses.co.uk