## Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care

## **Application Form** Study Day



Please complete all sections of this form. Move from one field to the next using TAB key. Once you have completed the form save the file as a PDF then send to nightingale@kcl.ac.uk.

A. Study Day details	
Name of Study Day	
Dates requested: 1st preference	
2nd preference	
B. Applicant's details – full details required	
Title	First name
Surname	Date of birth
NMC Pin number	
Job role.	Qualified nurse Healthcare assistant Phlebotomist
	Other please state
Trust	
Directorate/Department	
Ward	
Email	
Home address	
Telephone number	
C. How will your place on this Study D	ay be funded?
How will you be funded?	
Contracted Trust	
Self-funding	
Other (please specify)	
If you are self-funded or funded by anoth	er source please pay online as soon as you have submitted this form, at Online Payment Shop. Please
choose the relevant Half / One/ Two or Three Day Attendance option depending on the length of the Study Day for which you are applying.	
D. Manager's approval <i>(to be completed if on a contracted place)</i>	
I have discussed this application with the	aforementioned member of staff. The nomination is appropriate for his/her learning needs and/or
service organisational development needs	•
Manager's full name	
Manager's job role	
Manager's email contact	
Manager's telephone contact	
After submitting this application, please w	vait to receive a confirmation email/ letter from us to confirm the details of your enrolment.

## If you are unable to email this form please complete and return to:

Study Day Administrator, Nightingale Student Hub, Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London, James Clerk Maxwell Building, Waterloo Campus, 57 Waterloo Road, London, SE1 8WA