**Minor Illness Nurse Application Form – The Maryhill Group Practice**

1. Personal Details

Full Name:

Address:

Telephone:

Email:

NMC PIN Number:

2. Eligibility to Work in the UK

Are you eligible to work in the UK? [ ] Yes [ ] No

If No, please provide further details:

3. Professional Registration

Are you currently registered with the Nursing and Midwifery Council (NMC)? [ ] Yes [ ] No

Date of initial registration:

NMC Sub-Part(s) & Field(s) of Practice:

4. Education, Training and Qualifications

Please list relevant qualifications in chronological order, starting with the most recent.

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| --- | --- | --- | --- |
| **Qualification** | **Institution** | **Dates Attended** | **Achieved/Outcome** |
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|  |  |  |  |
| **Any other relevant training** |  |  |  |

5. Employment History

Please provide details of your employment history for the last 10 years, starting with your current or most recent post.

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| --- | --- | --- | --- | --- |
| **Job Title** | **Employer** | **Dates Employed** | **Main Responsibilities** | **Band/Pay scale** |
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6. References

Please provide details for two professional references, one of whom should be your current or most recent employer.

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| **Referee 1** |
| Name:Position:E-mail:Telephone: |
| **Referee 2** |
| Name:Position:E-mail:Telephone: |

7. Supporting Statement

Please provide a supporting statement outlining your motivation for applying, your understanding of the Minor Illness role in General Practice, and how your previous education, training, and experience prepare you for this post.

Your statement should specifically reference:

• Any relevant experience

• Independent Prescribing qualification or willingness to undertake

• Any specialist clinical training (e.g., minor illness, chronic disease management, triage)

• Leadership, autonomous decision-making, and multi-disciplinary working experience

• Commitment to continuing professional development (CPD)

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| **Supporting Statement:** |

8. Declaration

I declare that the information I have provided in this application is true and complete to the best of my knowledge. I understand that any false statement may disqualify me from employment or lead to dismissal.

Signature:

Date:

Please return form to Mrs Lisa Britten Practice Nurse Team Lead

Email: [lisa.britten@nhs.scot](lisa.britten%40nhs.scot%20)

Or by mail to

Lisa Britten

The Maryhill Group Practice

Elgin Health Centre

High St

ELGIN

IV30 1AT