

Nominator Form for Line Manager

Applications without this form will not be considered for the respective programme.

Fields marked with an \* are required

**IMPORTANT INFORMATION**

This form is part of the application process and must be completed by a line manager within your organisation who can support your **full** participation in this programme.

Forms **must** be filled out electronically and renamed prior to upload to include your professional registration number and name e.g. 'Nominator form - John Smith 12345'.

|  |  |
| --- | --- |
| Programme name: \* |  |
| Name of applicant: \* |  |
| **Line Manager Details** |
| First Name: \* |  |
| Last Name: \* |  |
| Email: \* |  |
| Email confirmation: \* |  |
| Job Title: \* |  |
| NHS Trust / Organisation: \* |  |
| Relationship to applicant: \* |  |
| Signature: \* |  |
| Date: \* |  |

The Florence Nightingale Foundation will hold your details to process your employee’s application and to keep you up to date on what’s happening at the Foundation. If you prefer not to hear from us you can unsubscribe from all further communications at any time by emailing academy@florence-nightingale-foundation.org.uk