|  |  |
| --- | --- |
|  | ***WESTERN AUSTRALIA NURSING SERVICE MEDAL******APPLICATION FORM*** |

|  |  |  |
| --- | --- | --- |
| **Surname:**  | **First Name:**  | **Middle Name:**  |
| **Date Of Birth:**  | **Registration No :** **Nursing Category:**  |
| ***CONTACT DETAILS:*****Address:**  |
| **Phone No:**  | **Email:**  |
| ***WORK HISTORY***Where possible, please attach any supporting documentation such as Certificate of Service that may assist in verifying commencement and cessation dates. |
| **NURSING TRAINING:**  |
|  **Hospital Based** **[ ]  Date training commenced:**  **University/TAFE** **[ ]  Date training ceased:**  |
| **Name of training organisation:**  |
| **Date Registered within Western Australia:** **Current employment status (please tick):****Current** **[ ]  Medical Retirement** **[ ]** **Resignation** **[ ]  Posthumous Application** **[ ]** **Retirement** **[ ]  Other** **[ ]**  |
| **Current employer:**  |

|  |
| --- |
| **POST REGISTRATION EXPERIENCE** **(Please ensure that we at least have the month as well of the year)** |
| **HOSPITAL** | **CAPACITY IN WHICH EMPLOYED** | **FROM** **Both month & Year** | **TO****Both month & Year** | **EXPERIENCE IN YEARS** |
| **Sample Hospital** | **EN** |  | **MM** | **YYYY** |  | **MM** | **YYYY** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **POST REGISTRATION EXPERIENCE (Continued)** |
| **HOSPITAL** | **CAPACITY IN WHICH EMPLOYED** | **FROM** | **TO** | **EXPERIENCE IN YEARS** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **TOTAL YEARS OF NURSING SERVICE** |  |

|  |  |
| --- | --- |
| **Signature:** | **Date:** / / \_ |

|  |
| --- |
| **Honours and Awards Use Only** |
| **Acknowledgement sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Entered on Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Confirm Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Confirm Cessation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Student Service: Yes** **[ ]  No** **[ ]**  | **Confirm Student Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Ethical & Diligent Service: Yes** **[ ]  No** **[ ]**   | **Integrity Check: Yes** **[ ]  No** **[ ]**  |
| **Eligible: Yes** **[ ]  No** **[ ]**   |  |  |
| **Presentation Advice Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date Fwd \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_** |  |
| **Medal  15 yr  20 yr  25 yr  30 yr  35 yr  40 yr  45 yr ****Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

*Forward the completed application form for consideration to:*

 *Medals for Nurses*

 *PO Box 1157*

 *Kelmscott DC WA 6997*