**Nurse Fellow in Cancer Application Form**

The Greater Manchester Training Hub has been working with the Greater Manchester Cancer Alliance and the Workforce & Education team to develop an additional paid opportunity for GM Nurses. We are looking for one Nurse Fellow with a specialist interest in cancer to work alongside colleagues in Greater Manchester Cancer Alliance to work towards quality improvement.

If you are looking for a new, exciting opportunity to expand your skills, knowledge and experience and work with the Cancer Alliance to improve integrated working across health and care sectors**,** please complete the form below and return to: [rob.harris4@nhs.net](mailto:rob.harris4@nhs.net) by Sunday 14th April 17:00.

**ELIGIBLITY CRITERIA:**

* 2 years minimum experience working within Primary Care / Community

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| **REGISTRATION DETAILS** | | |
| **Applicant Name** | **Applicant Email Address** | |
|  |  | |
| **NMC NUMBER** |  | |
| **Applicant Role / Job Title** | **Practice Name, Address, code** | |
|  |  | |
| **Start date in Practice** | **Date of NMC registration** | |
|  |  | |
| **Number of sessions per week employed by the practice** |  | |
| **Contact mobile number** |  | |
| **Please detail how this opportunity would benefit you, your practice, and the health of the PCN patient population** | | |
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| **Please describe your previous experience leading quality improvement projects** | | |
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| **Outline why you would be interested in the following project and what skills / experience you would bring:**   * **Developing a model for improving integrated working for nurses working across Primary and Secondary care to improve cancer patient experience and outcomes** | | |
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| **PCN Clinical Director** | | |
| I confirm that I have contacted my Practice partner / Practice Manager to inform them I will be applying for the role of the Nurse Cancer Fellow. | | |
| **Applicant Signature (can be electronic does not need to be physical)** | | **Date** |
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| **To be completed by the Practice / Employer** |
| I confirm that the practice has agreed to support the above application and will commit to release them to attend and complete this development opportunity. |
| **Practice Contact (e.g. Practice Manager) (name, job title, email address, contact number)** |
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| **Practice Contact signature (can be electronic does not need to be physical)** |
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