**Self Nomination Form:**

**I am a Standards Champion!**

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Last Name |  |
| Job Title |  |
| Employer |  |
| Mobile/Telephone Number |  |
| Email Address |  |
| Can you commit to attending **four meetings a year** with the Nursing Workforce Standards Champions Network?  **(YES/NO)** |  |
| Are you an RCN Member? |  |
| How did you hear about the Nursing Workforce Champions? | |
| *RCN Branch* |  |
| *Internet* |  |
| *Employer* |  |
| *RCN Email* |  |
| *RCN Congress* |  |
| *Other, please state.* |  |
| What **Service/Workplace Improvement** have you made by using the RCN 2021 Nursing workforce standards?  We are excited to hear your *story.* |  |
| Which of the 14 Standards were covered in your improvement work?  *(Please note this can be more than 1*) |  |
| Are you happy to be contacted to undertake a **case study** for the RCN to share with the nursing workforce to inspire others? **(YES/NO)** |  |
| Please provide your preferred **postal address** to send your certificate and badge once your self-nomination is approved. |  |

Please return this completed form to [NursingWorkforceStandards@rcn.org.uk](mailto:NursingWorkforceStandards@rcn.org.uk)