## **How to contact you:**

|  |  |
| --- | --- |
| **First Name** |  |
| **Surname:** |  |
| **Email (best contact):** |  |
| **Address** |  |
| **Telephone (best contact):** |  |

## **About your training:**

|  |  |
| --- | --- |
| **NMC PIN (if applicable):** |  |
| **School of Nursing:** |  |
| **Position** **(please tick):** | **Student Nurse (Year 1)** |  |
| **Student Nurse (Year 2)** |  |
| **Student Nurse (Year 3)** |  |
| **Newly Qualified Nurse** **(within one year of qualification)** |  |
| **Region (please tick):** | **North** |  |
|  | **Midlands & East** |  |
|  | **London** |  |
|  | **South** |  |

## **Your General Practice experience (please answer Y or N):**

|  |  |
| --- | --- |
| **Do you currently work in General Practice?**  |  |
| **Have you had a placement of >6 weeks in General Practice?** |  |
| **Have you had more than one placement in General Practice?** |  |
| **Have you ever requested a repeat replacement in General Practice?** |  |

## **Why would you make a good GPN SNN Ambassador? (approximately 250 words)**

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