**Long Service Recognition Award Application Form**

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| **Name:** |  |
| **Job title:** |  |
| **Department:** |  |
| **Payroll Number:** |  |
| **How many years’ NHS service have you completed?** (please tick one)10 years □ 15 years □ 20 years □ 25 years □ 30 years □ 35 years □40 years □ 45 years □ 50 years □  |
| **Detail of aggregated service to be recognised:** **Please provide evidence from previous employers as required.** |
| **Employer** | **Dates employed: (from/to)** | **Service verified? Yes/No** |
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| **Signature of member of staff:** |  |
| **Date:** |  |

**To be completed by Line Manager:**

By signing you confirm that you have verified staff member’s service, seeking additional information from the HR department where required.

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| **Applicant name:** |  |
| **Service verified (in years):**  |  |
| **Manager name:** |  |
| **Manager job title:** |  |
| **Department:** |  |
| **Contact telephone no:** |  |
| **Contact email address:** |  |
| **Signature:** |  |
| **Date:** |  |

Please send the completed nomination form to the Communications and Marketing Department