

**STUDENT NURSING PANEL**  
[PLEASE COMPLETE IN BLOCK CAPITALS]

Name .....

Course:

- Diploma       BSc       BNurs       Masters

University .....

Name of personal tutor/academic reference: .....

Term Time Address:.....

.....

Home Address:.....

.....

Preferred email address:.....

Year of study

- 1       2       3

What nursing branch are you following?

- Adult       Mental Health       Child       Learning Disability

Mode of study

- Full time       Part time       'Fast track'

Why would you like to join the OUP student nursing panel?

.....

.....

.....

.....

-----

Email your completed form to: [studentnurse.reviewers@oup.com](mailto:studentnurse.reviewers@oup.com)

or return a hard copy by post to:

Student Nursing Panel, Higher Education Marketing, Oxford University Press, Great Clarendon Street, Oxford, OX2 6DP