**Nomination Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Please complete the details below. All questions with an asterisk (\*) must be answered in order for your MP to submit the nomination.**MP Name:** Please write the name of your MP in the box below \***Category:** Please indicate which category this nomination is for \***Nominee Details:**

|  |  |
| --- | --- |
| Who are you nominating for this award \* | Individual  |
| Team   |
| Please enter the name of the individual, the team, or the project you are nominating |  |

Please enter the details of the most appropriate person to contact should this nomination be successful. **If you are nominating a team, please add the details for one person within that team.**

|  |  |
| --- | --- |
| Please tick the box to confirm that you have informed this team or individual that you are nominating them \* |  |
| Title  |  |
| First Name \* |  |
| Surname \* |  |
| Suffix |  |
| Job Title \* |  |
| Organisation \* |  |
| Organisation Town/City \* |  |
| Organisation Postcode \* |  |
| Email Address \* |  |
| Contact Number \* |  |
| Twitter Handle |  |

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| **Your Nomination:**Please enter your nomination by answering the questions below and refer to the category criteria. **IMPORTANT – Maximum of 300 words per answer. Answers over 300 words will immediately be discounted and NOT be considered for nomination.** |
| 1. Please detail the improvements made by this team or individual and why they have been a success. \*
 |  |
| 1. Please detail how many patients/communities and/or staff this has had a positive impact on, including particular groups where applicable and to what extent. \*
2. Please detail how this improvement can be sustained and/or developed further or shared with others locally, regionally, or nationally to benefit more patients or staff. \*
 |  |
| **Validate Nomination – Senior Management** Please enter the details of a Senior Manager within the team or individual’s organisation who who can validate this nomination as factually accurate.

|  |  |
| --- | --- |
| Title  |  |
| First Name \* |  |
| Surname \* |  |
| Job Title \* |  |
| Organisation \* |  |
| Email Address \* |  |
| Contact Number \* |  |

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| **For MPs:**MPs will need to submit the above form online. To put forward your chosen nomination(s), MPs will simply need to copy and paste the information from this nomination form into the online portal. MPs will need to remember that they can only submit **one nomination per category**.To access the online portal, MPs will receive an email with a secure and personal link to the nomination’s website from nhsawards@dodsgroup.com on **Wednesday 2nd March 2022** when nominations open. If you would like us to resend the email, please contact nhsawards@dodsgroup.com.Once an MP is ready to submit their nomination, they can click on the link in the email and follow the instructions.The deadline for MPs to submit nominations is midnight, Wednesday 6th April 2022. To find out further information, please visit [www.nhsparliamentaryawards.co.uk](http://www.nhsparliamentaryawards.co.uk/) |  |