

2009 Patient's Choice Award Entry Form



The RCN Northern Ireland Nurse of the Year Awards ceremony will take place on 4 June 2009 at the Ramada Hotel.

Overall prize £500
Runner-up £250

This award is open to all registered nurses, midwives and health care assistants working in all health care sectors in Northern Ireland.

Patients, clients or relatives can nominate someone whom they believe has made a difference and has gone that extra bit further to ensure that the patient or client has received the highest standards of care.

How to apply

Nominations **must** include a summary (up to 500 words) demonstrating how the practitioner has cared for the patient or client and has made a difference to their care and treatment.

Selection will be made by a panel of judges. The judges' decision is final.

Joint nominations will only be considered if they demonstrate clearly that the work undertaken was of a joint nature. Entries of more than 3 people per nomination will not be accepted.

If short-listed, the candidate will be required to attend an interview on a date to be confirmed by the RCN. The awards ceremony will take place at the Ramada Hotel on 4 June 2008. **Attendance at the interview and awards ceremony is mandatory. Any candidate who withdraws from the awards ceremony after interview will be disqualified.**

A full copy of the criteria for entry to the Northern Ireland Nurse of the Year Awards is available on request from the RCN by telephoning (028) 9038 4600.

**Please send your entry by 30 January 2009 to: The Administrator
RCN Northern Ireland
Nurse of the Year Awards
Royal College of Nursing
17 Windsor Avenue Belfast BT9 6EE**

2009 Patient's Choice Award Entry Form

Nominee

Name _____

Address _____

_____ Postcode _____

Tel (Work) _____ (Home) _____

E-mail _____

Job title _____

Place of work _____

Nominator

Name _____

Address _____

_____ Postcode _____

Tel (Work) _____ (Home) _____

E-mail _____

Were / are you a patient or client? _____

Are you a relative or representative of the patient or client? If so, what is your relationship to the patient or client?

Signature _____ Date _____

Verification

It is important that a third party verifies your nomination. Please ask a colleague of the nurse you are nominating, or a suitable person, to verify that your entry is genuine and sincere.

Name _____

Address _____

_____ Postcode _____

Tel (Work) _____ (Home) _____

E-mail _____

Job title _____

Place of work _____

Signature _____ Date _____