



2009 Team Manager 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

The Team Manager Award is open to all nursing and midwifery team managers currently working in all health care sectors in Northern Ireland who succeed in raising standards of care for their patients and clients. Nominations are invited from fellow health care professionals.

Candidates will be required to demonstrate that they:

- motivate, support and develop team members
- have effective leadership and management skills
- through the development of their team, have raised standards of care for patients and clients.

2009 Team Manager Award Entry Form



How to apply

Fill out the application form and complete a summary (up to 500 words) of how the Team Manager has made a difference to patients or clients and colleagues.

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

Entries of more than one person 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 2009. **Attendance at the interview and awards ceremony is mandatory. Any candidate who withdraws from the awards ceremony after interview will be disqualified.**

Nominees for the Team Manager Award must currently be a Team Manager working in Northern Ireland.

A full copy of the criteria for entry to the RCN 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 Team Manager Award Entry Form

Nominee

Name _____

Address _____

_____ Postcode _____

Tel (Work) _____ (Home) _____

E-mail _____

Job title _____

Place of work _____ NMC PIN _____

Signature _____ Date _____

Nominator

Name _____

Address _____

_____ Postcode _____

Tel (Work) _____ (Home) _____

E-mail _____

Job title _____

Place of work _____

Signature _____ Date _____

Verification

It is important that a third party verifies your nomination. Please ask a colleague of the person 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 _____