The RCN Northern Ireland Nurse of the Year Awards will take place on 8 June 2017 at the Culloden Hotel.

The Inspiring Excellence Award is open to registered nurses working with children and young people, adults or older people who use mental health or learning disability services.

Candidates must demonstrate that they have improved the quality of life of service-users in either a mental health or learning disability setting.

How to apply

Fill out the application form and complete a 500 word summary showing evidence of:

• Collaborative working with service users (and/or their representatives) to design and deliver person centred plans of care and treatment, a service delivery model or a service delivery process that are supported by a robust evidence base
• Evaluation of service provision to ensure the most effective personalised plans, service model or service delivery
• Measurable outcomes that demonstrate an improved quality of life.

Nominees for the Inspiring Excellence Award must currently be a registered nurse from Northern Ireland working in a mental health or learning disability setting. Please check that the person you wish to nominate is content for you to nominate them. Nominations must be made by someone who is familiar with the work of the nominee.

Selection will be made by a panel of judges. All awards and prizes are non-transferable. The judges’ decision is final.

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 Culloden Hotel on 8 June 2017.

Attendance at the interview and awards ceremony is mandatory.

Any candidate who withdraws from the awards ceremony after interview will be disqualified.

Application forms received after the closing date will not be considered.

The RCN reserves the right to disqualify candidates at any stage of the competition should it judge that it is in the best interest of the nursing and midwifery professions to do so.

Please send your entry by 10 February 2017 to:

RCN Northern Ireland Nurse of the Year Awards
Royal College of Nursing
17 Windsor Avenue
Belfast BT9 6EE
Tel: 028 90384600
2017 Inspiring Excellence Award Entry Form

Nominee
Name _____________________________________________________________
Address (Home) ___________________________________________________
_________________________________________________________ Postcode ______
Tel (Work) ______________________________________________________ (Home) ______
E-mail ___________________________________________________________
Place of study ____________________________________________________
Year __________________________ NMC PIN _____________________________
Signature ___________________________________________________________________________ Date __________

Nominator
Name _____________________________________________________________
Address ___________________________________________________________
_________________________________________________________ Postcode ______
Tel (Work) ______________________________________________________ (Home) ______
E-mail ___________________________________________________________
Job title __________________________________________________________
Place of work _____________________________________________________

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 __________