

2019 Health Care Support Worker Award Entry Form



The RCN Northern Ireland Nurse of the Year Awards will take place on 6 June 2019 at the Culloden Hotel.

The Health Care Support Worker Award is open to all health care assistants and nursing auxiliaries who work as part of the nursing team.

How to apply

Fill out the application form and complete a summary (up to 500 words) demonstrating commitment to the following areas:

- high standards of patient care
- excellence in areas such as infection control; nutrition; dignity for older people in hospitals or other care settings
- evidence of personal development.

Nominees for the Health Care Support Worker Award must currently be working in Northern Ireland.

Selection will be made by a panel of judges. All awards and prizes are non-transferable. 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 two 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 Culloden Hotel on 6 June 2019.

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 15 February 2019 to:

RCN Northern Ireland Nurse of the Year Awards
Royal College of Nursing
17 Windsor Avenue
Belfast BT9 6EE

Email: cst@rcn.org.uk
Tel: 028 90384600

2019 Health Care Support Worker Award Entry Form

Nominee

Name _____

Address (Home) _____

_____ Postcode _____

Tel (Work) _____ (Home) _____

E-mail _____

Qualifications _____

Job title _____

Place of work _____

Signature _____ Date _____

Nominator

Name _____

Address _____

_____ Postcode _____

Tel (Work) _____ (Home) _____

E-mail _____

Qualifications _____

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 _____