

2019 Learning Disability Award Entry Form



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

The Learning Disability Award is open to registered nurses who can demonstrate their contribution in ensuring an improved quality of life for children and young people, adults or older people with a learning disability.

How to apply

Fill out the application form and complete a 500 word summary showing evidence of how the person has contributed to:

- a culture of person-centred care embedded in everyday practice
- collaborative working with individuals or groups of people with a learning disability to design and deliver services
- measurable outcomes that demonstrate an improved quality of life for individuals or groups of people with a learning disability.

Nominees for the Learning Disability Award must currently be a registered nurse in Northern Ireland. 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 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 profession 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 Learning Disability Award Entry Form

Nominee

Name _____

Address (Home) _____

_____ 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 _____