

2019 Patient's Choice Award Entry Form



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

The Patient's Choice Award is open to all registered nurses, midwives and health care assistants working in all health care settings 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

Fill out the application form and complete a summary (up to 500 words) of how the practitioner has cared for the patient or client and has made a difference to their care or treatment. Please include:

- what area the nominee works in
- what specifically they did that was beyond the call of duty
- how this has impacted on the patient.

Nominees for the Patient's Choice 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 Patient's Choice Award Entry Form

Nominee

Name _____

Address (Home) _____

_____ 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 _____