

Nursing Standard Healthcare Assistant Award Entry Form



TO ENTER

Please send your completed form by **Friday April 10 2009** to Nursing Standard Nurse Awards 2009, RCN Publishing Co Ltd, Freepost PAM 10155m, Harrow, HA1 3BR. Alternatively enter online at www.nurseawards.co.uk

Self Nominations: Please complete sections 1, 3 and 4. **Colleague Nominations:** Please complete all sections.

SECTION 1 Nominee

Name: _____ Mr/Mrs/Miss/Ms/Other: _____
Hospital: _____
Contact Address: _____
Postcode: _____
Email: _____
Daytime Tel. No: _____

SECTION 2 Please complete this section if you are nominating a healthcare assistant.

Name: _____ Mr/Mrs/Miss/Ms/Other: _____
Job Title: _____
Qualification: _____
Work Address: _____
Post code: _____
Email: _____
Daytime Tel No: _____

I confirm that the nominee has given their consent for me to nominate them for the Nursing Standard Nurse Awards 2009.

SECTION 3 How did you hear about the Nurse Awards 2009?

- | | | |
|---|--|---|
| <input type="checkbox"/> Conference | <input type="checkbox"/> RCN Jobs Bulletin website | <input type="checkbox"/> Other – (please specify) |
| <input type="checkbox"/> Email | <input type="checkbox"/> RCN Publishing specialist journal | _____ |
| <input type="checkbox"/> Forum newsletters | <input type="checkbox"/> RCN Publishing specialist journal website | _____ |
| <input type="checkbox"/> Information at place of work | <input type="checkbox"/> RCN website | _____ |
| <input type="checkbox"/> Information at university | <input type="checkbox"/> Student fair | _____ |
| <input type="checkbox"/> Nursing Standard | <input type="checkbox"/> The Answer | _____ |
| <input type="checkbox"/> Nursing Standard's website | <input type="checkbox"/> Word of mouth | _____ |
| <input type="checkbox"/> RCN Bulletin | | |

FOR FURTHER INFORMATION OR ADDITIONAL ENTRY FORMS
VISIT WWW.NURSEAWARDS.CO.UK OR CALL 020 8423 1066

