**Best Practice Award
for Supporting Health Care Students in Practice**

**Nomination Form**

### **Please complete all of the sections below about the individual practitioner OR team that you would like to nominate.**

|  |  |
| --- | --- |
| Individual or Team Nomination (please indicate) |  |
| Name of nominated practitioner/team |  |
| Name of the UWE Programme that they support |  |
| Job title of the person or team that you are nominating |  |
| Full name of Trust/Organisation that the nominated person works for |  |
| Place of work and full address of the person/team that you are nominating |  |
| Important: Contact email(s) of nominee/s (this is how they will find out if they have won) |  |

**Please complete all of the sections below completely, about yourself as the nominator:**

|  |  |
| --- | --- |
| Your Name |  |
| Your Role(e.g. student, UWE staff, mentor, practice educator) |  |
| If you are a student, please state your programme of study (e.g. Adult nursing) |  |
| Important: Your preferred email address/es for contact (this is how you will be notified if your nomination has won) |  |

### Signature (Nominator) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prize for Supporting Students in Practice**

**Personal statement**

To be completed by you, indicating why the mentor/place of work is appropriate to be considered for the award of the Prize. The statement should not exceed 500 words.

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| NOTE: THIS SECTION MUST BE COMPLETED AS IT IS THIS INFORMATION THAT WILL BE CONSIDERED IN DECIDING THE WINNER |

**Please return your fully completed nomination form and personal statement to the award secretary:** Lisa.Stenner@uwe.ac.uk