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

**Nomination Form**

### Please complete the section below about the individual practitioner/team you are nominating:

|  |  |
| --- | --- |
| Name of nominated practitioner/team |  |
| Job title of nominee |  |
| Trust/organisation  |  |
| Place of work and full address |  |
| Contact email(s) of nominee |  |

Please complete the section below about yourself as the nominator:

|  |  |
| --- | --- |
| Name of Nominator |  |
| Role(e.g. student, UWE staff, mentor, practice educator) |  |
| If student, please state your programme of study (e.g. Adult nursing) |  |
| Contact address of nominator |  |
| Contact email of nominator |  |

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

**Prize for Supporting Students in Practice**

**Personal statement**

To be completed by nominating person 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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**Please return the nomination form and personal statement to:** Lisa Stenner, Room 2B17, UWE Glenside Campus, Blackberry Hill, Stapleton, Bristol, BS16 1DD or email completed forms to Lisa.Stenner@uwe.ac.uk