

Nomination form



Please use this form to submit your nomination. Submission details below.

Closing date for nominations is **midnight Mon 23 Feb 2015**.

Please note:

- Submit ONE form for each nomination
- ALL fields are mandatory
- If handwritten, please complete all details in UPPER CASE

Your details:

Name: _____

Surname: _____

E-mail: _____

Job title: _____

Team: _____

*Group: _____

Details of your nominee (if it is a team, give the name and email of the head of the team):

Name: _____

Surname: _____

E-mail: _____

Job title: _____

Team: _____

*Group: _____

*To confirm which group you or your nominee belongs to, refer to the [staff group list](#).

Which award category are you nominating this person or team for? Please place a cross in the relevant box:

Clinical Excellence Award

Trusted Support Award

Above and Beyond Award

Team Support Award

Role Model Award

Outstanding Contribution Award

Team Player Award

Public Recognition Award

Please write your nomination here. Maximum one side of A4.

For advice on how to write your nomination go to www.londonambulance.nhs.uk/vip

Video

If you prefer to submit a video nomination, please read the video guidelines at www.londonambulance.nhs.uk/vip. You still need to submit this form with the video.

To submit this form

Email to awards@londonambulance.nhs.uk, **or** print + post to VIP Awards, Communications dept., London Ambulance Service NHS Trust, 220 Waterloo Road, London, SE1 6SD **or** through internal post to VIP Awards, Communications Department.