**Birmingham City University**

**Health and Social Care Awards**

**Nomination Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nomination for Award *(tick as appropriate)* | **Student Practice Award** [ ] *(Nominations from BCU Staff and Practice Staff)*

|  |  |
| --- | --- |
| Student Name |  |
| Cohort |  |

**Student Nominated Practice Award** [ ] *(Nominations from Students)*

|  |  |
| --- | --- |
| Practice Area/ Placement Provider*(Please provide the full name and address)* |  |

**Placement Nominated Practice Award** [ ] *(Nominations from BCU Staff, Trust and Agency Staff)*

|  |  |
| --- | --- |
| Practice Area/ Placement Provider*(Please provide the full name and address)* |  |

**The Deans Award** [ ]

|  |  |
| --- | --- |
| BCU Staff Member Name |  |

 |
| Profession*(tick as appropriate)* | **Nursing and Midwifery** * Nursing [ ]
* Midwifery [ ]

**Education & Social Work** * Social Work [ ]

**School of Health Sciences*** Speech and Language Therapy [ ]
* Diagnostic Radiography [ ]
* Radiotherapy [ ]
* Operating Department Practice [ ]
* Paramedic Science [ ]
 |

**Supporting Citation/ Evidence (250 words maximum)**

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|  |  |
| --- | --- |
| **Name of person nominating**  |  |
| **Email Address** |  |
| **Date**  |  |