**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** |  |