**Special Recognition Awards ­2019**

**Nomination form**

**Tell us about you:**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Email address: |  | |
| Phone number: |  | |
| Are you a:  *(please select all that apply)* | Committee member | Examiner |
| Board member | NEBDN staff member |
| Other (please specify) | |

**Tell us about the nominee:**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Address: |  | |
| For which category are you nominating them?  *(please select all that apply)* | Working in oral health | Working in patient care |
| As a member of the NEBDN exam team | As an NEBDN Board or Committee member |
| Giving more than 5 years’ service as an NEBDN examiner, committee member or board member. | |
| Please explain why they deserve a Special Recognition Award, describing the impact of their work on dental nursing, the work of NEBDN and/or on oral health: | | |

Nominations must be received by 5pm on **the 27 September 2019** via email to [SRA@nebdn.org](mailto:SRA@nebdn.org)

*Nominations will be considered by the NEBDN Board; nominees will be shortlisted so not all nominations entered will be successful.*

*Details of how we will collect and store your data, and what we will use it for are available* [*here*](https://www.nebdn.org/privacy-centre/)