**Special Recognition Awards**

**Nomination Form**

**About you:**

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| --- | --- | --- |
| **Name:** |  | |
| **Email address:** |  | |
| **Phone number:** |  | |
| **Are you:** | NEBDN Associate (Qualification Committee, SME, Examiner, Helper) | Y/N (delete as appropriate) |
| NEBDN Board of Trustees member | Y/N (delete as appropriate) |
| Other (please specify) |  |

**About the person you are nominating:**

|  |  |  |
| --- | --- | --- |
| **Name:** |  | |
| **Email address:** |  | |
| **Phone number:** |  | |
| **In which category are you nominating them?** | 1. Contribution to Dental Nursing developments | Y/N (delete as appropriate) |
| 1. Contribution to Dental Nurse education and training | Y/N (delete as appropriate) |
| 1. Contribution to general operations and development of NEBDN | Y/N (delete as appropriate) |

Please select the criteria for the category that you selected above.

|  |  |  |
| --- | --- | --- |
| **Category 1: Please select how the nominee contributes to Dental Nursing?** | **Yes** | **No** |
| Supports Dental Nurses through voluntary role |  |  |
| Working with Dental Nurses |  |  |
| Contribution to the development of Dental Nursing |  |  |
| Input to Dental Nurse issues |  |  |
| Impact on Dental Nursing - what changes have been influenced? |  |  |

|  |  |  |
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| **Category 2: Please specify how the nominee contributes to Dental Nurse education and training** | **Yes** | **No** |
| Support for Dental Nurses through voluntary role |  |  |
| Working with Dental Nurses |  |  |
| Contribution to development of the education and training of Dental Nurses |  |  |
| Input to Dental Nursing issues |  |  |
| Impact on the development of Dental Nurse education and training |  |  |

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| **Category 3: Please specify how the nominee has contributed to NEBDN?** | **Yes** | **No** |
| Support for NEBDN through voluntary role |  |  |
| Working with NEBDN |  |  |
| Contribution through relevant Committees |  |  |
| Contribution to development of NEBDN |  |  |
| Impact on development of NEBDN |  |  |
| **In a maximum of 500 words, please explain why your nominee deserves a Special Recognition Award. Strict criteria for selection is applied and the impact of their work on Dental Nursing, the work of NEBDN and/or on oral health MUST be explained. If the word count exceeds the limit, subsequent words will not be counted.**  *(Details of how to complete this section and the information required can be found in the Special Recognition Award documentation.)* | | | | |

Nominations must be received by 5pm on the 31October 2021 via email submission to [SRA@nebdn.org](mailto:SRA@nebdn.org) or by post to NEBDN, Quayside Court, Chain Caul Way, Preston PR2 2ZP.

*Nominations will be considered by the NEBDN Board. A limited number of these Awards can be made, so not all nominations will be successful. Details of how we will collect and store your data, and what we will use it for are available on the website.*