



ENDORSEMENT OF NOMINATION

It is essential that all nominations are endorsed by their Director of Nursing/Midwifery/Head of School/Head of Service (whichever is applicable). This form is to be completed by the Director of Nursing/Midwifery/Head of School/Head of Service (whichever is applicable) and attached to the nomination.

Name of the Nominee: _____

Name of health service/organisation:

Name of Director of Nursing/Midwifery, Head of School or Head of Service:

Address: _____

Postcode: _____

Ph: _____

Email address: _____

Signature: _____