| Accolades nomination form- Best Practice Award |
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| Name of Employer/Organisation |
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| Address of Employer |
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| Contact telephone number |
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| Contact email address |
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| What types of service do you provide? Eg nursing, residential, domiciliary  |
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| Nominator name |
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| Nominee’s full name |
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| Nominee job title |
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| Date |
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| Category criteriaUse these sections to tell us why the nominee deserves this award. Please do not include the name of the nominee or employer in these sections, you may use initials instead. Please do not exceed 100 words per section; anything else will be disregarded. There will be an opportunity to upload two supporting documents at the end of the form. |
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| Tell us how the nominee exhibits high standards in all areas of their work |
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| Explain how the nominee demonstrates excellence in at least one particular field of their work |
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| Describe examples of ways in which the nominees work can be seen as exemplary  |
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| How this has benefitted the service users in your organisation? |
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| How can their achievements can be sustained? |
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| How could their achievements be used as an example of best practice to be followed by other members of staff? |
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Please attach up to two supporting documents prior to emailing your completed form to admin@westsussexpartnersincare.org by 5pm on 19th April 2024