

KIM MO IM POLICY INNOVATION AND IMPACT AWARD 2019

NOMINATION FORM

Before completing the Nomination Form, please read the Brochure Kim Mo Im Policy Innovation and Impact Award 2019

Notes:

- a) This form must be submitted **as an original** with **original signatures** in all places specified by the deadline. All documents with all parts completed have to be received by post by **30 September 2018**. We would be grateful to additionally receive these documents electronically, please send them to governance@icn.ch
- b) An individual nurse, or a group of two or three nurses collaborating on the same project, may be nominated. In this case sufficient copies of Parts II to IV of the Nomination Form should be made and completed for **each member** of the group. The project leader, who would represent the group at the presentation of the Award and be a keynote speaker of the *Kim Mo Im Policy Innovation and Impact Lecture*, has to be identified.
- c) All nominations must be mailed to ICN together with a **certification of membership in good standing** with an ICN member association.
- d) An original **letter from a person of authority** related to the innovation has to be received no later than 30 September 2018.
- e) Please answer each question clearly and completely.
- f) Information provided in this form will be used by the Selection Committee for screening applications.
- g) Please send a recent photo of the nominee(s), to be used for publicity purposes only.

PART I: NOMINATION

Name of the Nominee

Please check **one**: self-nominative **or** sponsored
(nomination made by an individual or group of individuals including the NNA)

Declaration of the nominee (Project leader):

I _____, declare all the information provided in this nomination form to be accurate. I submit my nomination or agree to be nominated for the *Kim Mo Im Policy Innovation and Impact Award 2019*, and if chosen as a recipient to give a public address, participate in related publicity and comply with the grant accountability requirements.

Signature of the Nominee

Date

Co-Nominees (nurses collaborating on the same project):

I _____, declare all the information provided in this form to be accurate and submit my nomination or agree to be nominated for the *Kim Mo Im Policy Innovation and Impact Award 2019* and to participate in related publicity and comply with the grant accountability requirements.

Signature of the Nominee

Date

I _____, declare that all the information provided in this form to be accurate and submit my nomination or agree to be nominated for the *Kim Mo Im Policy Innovation and Impact Award 2019* and to participate in related publicity and comply with the grant accountability requirements.

Signature of the Nominee

Date

I/we hereby nominate for the *Kim Mo Im Policy Innovation and Impact Award 2019*:

Name of the Nominee

Relationship of sponsor to the nominee(s):

Address of sponsor:

(No.) (Street)

(City)

(State/Province/County)

(Post Code)

(Country)

Business Phone:

Business Fax:

(Country Code/Area Code/Number)

(Country Code/Area Code/Number)

Business Email:

Signature of individual sponsor or authorised representative of organisational sponsor:

Signature

Date

(Name of sponsor)

(Title)

All parts of this form must be completed in full, signed where indicated, and returned to ICN together with a certificate that the nominee is a member in good standing of an ICN member association **by 30 September 2018**. An original letter from a person of authority related to the innovation has to be received by the same deadline.

All documentation should be addressed as follows:

International Council of Nurses
Att. Governance - *Kim Mo Im Policy IIA 2019*
3, place Jean-Marteau
CH-1201 GENEVA
Switzerland

Part II: GENERAL INFORMATION ABOUT THE NOMINEE

A. Nominee's Personal Data

Dr/Mr/Mrs/Miss/Ms:

Name: (Family Name) (Given name)

Date of Birth: (Month/Day/Year)

Home Address: (No.) (Street)

(City) (State/Province/County)

(Post Code) (Country)

Home Phone: Home Fax:
(Country Code/Area Code/Number) (Country Code/Area Code/Number)

Home Email:

B. Nominee's Employment

Name of Organisation:

Position: Country you practice in:

Address: (No.) (Street)

(City) (State/Province/County)

(Post Code) (Country)

Business Phone: Business Fax:
(Country Code/Area Code/Number) (Country Code/Area Code/Number)

Business Email:

PART III: NOMINEE STATEMENTS

I _____, declare that:

- 1. I am a Nurse according to ICN definition and qualified and authorised in my country to practice as a nurse.

A nurse is a person who has completed a nursing education programme and is qualified and authorised in her country to practise as a nurse (Article 6 ICN Constitution).

- 2. I am a member in good standing of a national nursing association (NNA) in membership with the International Council of Nurses.

Name of the National Nurses Association:

- 3. I am a registered nurse: Yes No

Number of years working as a registered nurse:

- 4. I am registered with a regulatory authority in my country: Yes No

Name of the regulatory authority:

Signature of the Nominee

Date

PART IV: NOMINEE BRIEF BACKGROUND *(Please be concise)*

A. Relevant Professional/Nursing Education *(Basic and Post-Basic)*

QUALIFICATION OBTAINED	INSTITUTION (name, city, country)	MAJOR FIELD OF STUDY	DATES from/to

B. Professional background - Positions held (*begin with current employment*):

POSITION/TITLE	INSTITUTION	MAIN AREA OF RESPONSIBILITY	DATES from/to

C. Personal key achievements

Describe three examples of personal key achievements and impact in nursing and/or health and public policy innovation regarding health care and/or education.
(200 words – only first 200 words will be considered)

PART V: POLICY INNOVATION AND IMPACT

A. Policy Innovation

Describe the innovation including focus, objectives, implementation, evaluation and successes and attach supporting documents i.e. published papers.
(600 words – only first 600 words will be considered)

B. Policy Innovation Activities

List the chronological activities related to the innovation.
(300 words – only first 300 words will be considered)

C. Next Phase

Describe next phase of the innovation and how this award would be used.
(300 words – only first 300 words will be considered)

D. Immediate and medium/long-term plan

Immediate (1-2 years) and medium/long term (2-5 years) plan to enhance and advance the innovation:

Immediate 1-2 years (250 words – only first 250 words will be considered):

Medium/Long Term 2-5 years (250 words – only first 250 words will be considered):