

CHRISTIANE REIMANN PRIZE 2021 NOMINATION FORM

Before completing the Nomination Form, please read the Brochure entitled "Christiane Reimann Prize" and the Annex describing the Eligibility Criteria and Selection Procedures.

Notes:

a) This form must be typed and submitted with **original signatures** in all places specified b) An individual nurse, or a group of two or three nurses who have worked together on the same project, may be nominated (see Annex for details). In this case sufficient copies of Parts I and II of the Nomination Form should be made and completed for **each member** of the group.

Include a recent photograph of the nominee's

(for publicity purposes only)

Date

(Typed title)

c) Nominations may be submitted by individuals or by organisations, referred

I/we hereby nominate for the Christiane Reimann Prize 2021:

Signature

(Typed name)

- to herein as sponsors. Sponsors may make only one nomination (or one group nomination).
- d) A curriculum vitae (of no more than 5 pages) of the nominee(s) must be submitted, together with the completed nomination form.
- e) All nominations must be submitted to the nominee's NNA for certification and then emailed to governance@icn.ch by the NNA no later than 30 March 2021. Please allow time for NNA processing when submitting nominations.

PART I: THE NOMINATION

All parts of these forms must be completed in full, signed where indicated, and returned to ICN to be received no later than 30 March 2021.

PART II: GENERAL INFORMATION ABOUT THE NOMINEE

Nominee's Personal Data Name: (Family Name) (Given name) Date of Birth: (Month/Day/Year) Home Address: (No.) (Street) (State/Province/County) (City) (Post Code) (Country) Home Phone: Home Fax: (Country Code/Area Code/Number) (Country Code/Area Code/Number) Home Email: Nominee's Employment В. Name of Organisation: Position: Address: (No.) (Street) (City) (State/Province/County) (Post Code) (Country) Home Phone: Home Fax: (Country Code/Area Code/Number) (Country Code/Area Code/Number) **Business Phone: Business Fax:** (Country Code/Area Code/Number) (Country Code/Area Code/Number) **Business Email:**

PART III: SPONSOR STATEMENT

To be completed by the individual or organisation making the nomination	
Name:	
(individual or organisation making the nomination)	
Sponsor's statement: Please include only the most important aspects of the nominee's work. Describe briefly and state the significant international impact of this work within or for the nursing profession (e.g. innovation or pioneering work; effective research outcomes; development of specialised programmes). This contribution must have been made in recent years or must represent a cumulative effort continuing to the present time.	
Name of the Nominee(s):	
Signature of individual sponsor or authorised representative of organisational sponsor (must be same person as signed Part I):	
Signature	Date

PART IV: NOMINEE STATEMENT

Significant contribution at international level

State the significant contribution with international impact you have made, within the nursing profession and/or for the development of the nursing profession, through direct care, research, education or management. The contribution must have been made during the years immediately before the award or represent a cumulative effort that continues to the present time.

Statements from group nominees must show collaboration on the same project at the same time.

Name of the Nominee(s) (up to 3 names for a group nomination):	
(Use one additional page if needed)	
I/We hereby consent to have my/our nomination submitted for the Christiane Reimann Prize.	
Signature	 Date
Signature	 Date
Signature	

PART V: STATEMENT BY NNA

Certificate to be completed by a National Nurses' Association (NNA) in membership with ICN.

(Note: NNAs may nominate/sponsor **only one** nominee (or one group nominee). However, they must *certify* **any** nominee's membership in the NNA and forward to ICN **as many nominations as are presented to them** from whatever source).

Name of the association in membership with ICN:		
Address of NNA:		
(No.)	(Street)	
(City)	(State/Province/County)	
(Post Code)	(Country)	
We hereby certify that	(name of nominee)	
is a Registered (first level) Nurse and a current		
Signature of the President, Executive Director,	or other duly authorised representative of the NNA:	
Signature	 Date	
(Typed name)	(Typed title)	

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