

PART II: GENERAL INFORMATION ABOUT THE NOMINEE

A. Nominee's Personal Data

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: _____

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):	
_____ <i>Signature</i>	_____ <i>Date</i>

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

Date

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 member of our association.**

Signature of the President, Executive Director, or other duly authorised representative of the NNA:

Signature Date

(Typed name) (Typed title)

All parts of these forms must be completed in full, signed where indicated, and returned to governance@icn.ch **no later than 30 March 2021.**