

INTERNATIONAL ACHIEVEMENT AWARD 2019

Nomination Form

PART I - (To be completed by the nominee)

1. Name : _____
(Family Name) (Given Name)

2. Date of Birth: _____
(Month/Day/Year)

3. Address: _____
(No.) (Street)

(City and post code) (State/Province and Country)

Phone: _____ Fax: _____ Email: _____

4. Highest level of education: _____

5. Current Employment Position: _____

6. Member of ICN-NNA: _____
(Name of NNA)

*Please attach your curriculum vitae (no more than **one page**) to summarise your professional experience. **Submissions of more than one typed page will not be accepted.***

Declaration by the Nominee:

I _____, declare all the above information to be accurate. I agree to be nominated for the International Achievement Award, and if chosen as a recipient, to give a public address and participate in related publicity.

Signature: _____ Date: _____

Florence Nightingale International Foundation (FNIF)

PART II - (To be completed by the nominating NNA) (See nomination criteria outlined on the back of this form)

1. Name of NNA: _____

2. Select the domain of your candidate's expertise in the following four nursing domains:

- Direct care
- Education
- Management
- Research

3. Describe the nominee's expertise and qualities relative to the above-selected domain of nursing:

4. Describe the international impact achieved by your candidate (**only statement not exceeding one page will be accepted**)

Florence Nightingale International Foundation (FNIF)

DECLARATION from the Nominating NNA:

(name of nominating NNA)

certifies that _____
(name of nominee)

is a member of this Association and hereby nominates her/him for the 2019 FNIF
International Achievement Award.

Signature of authorised representative of NNA:

Position in the Nominating NNA: _____

Date : _____

2019 INTERNATIONAL ACHIEVEMENT AWARD

Nomination Criteria

1. Nominees must be practising nurses, with at least 10 years of nursing experience in one domain of nursing: direct care, education, management or research.
2. Nominees must have achieved significant impact internationally.
3. Nominees must be members of a national nurses association (NNA) in current membership (dues fully paid) of the International Council of Nurses (ICN).
4. Nominees must agree to be nominated, to deliver a public address on the occasion of the presentation of the award at an international nursing event and to participate in award publicity.
5. Nominations may be made by any NNA in paid-up membership with the International Council of Nurses.
6. There is no restriction on the number of candidates presented by each NNA as long as they fit the criteria.

Nomination Checklist (please make sure you have completed all the following):

- Nomination form (Part I), filled out and signed by the nominee.
- Nominee's **one page** curriculum vitae.
- Nomination form (Part II) filled out and signed by the nominating NNA.
- Nominating NNA's **one page** nominating statement.

Completed forms must be received at ICN headquarters by 31 August 2018

**Florence Nightingale International Foundation
International Council of Nurses
Att. Governance
3 place Jean Marteau
Ch-1201 GENEVA - Switzerland**

Tel : + 41 22 908-0100 Fax : + 41 22 908 0101 E-mail : governance@icn.ch