

**Practice Team of the Year Award**

**2018**

**Nominated by Patients**

**Nomination Form**

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| **Your Contact Details** | | | |
| **Your Name:** |  | **Title:** |  |
| **DOB:** |  |
| **Your Address:** |  | | |
| **Your Contact Number(s):** |  | | |
| **Your Email Address:** |  | | |

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| **Contact Details for your Practice Team** | |
| **Practice Name:** |  |
| **Practice Address:** |  |
| **Practice Telephone Number** |  |

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| **ARE YOU A PATIENT OF THIS PRACTICE?** | **YES** | **NO** |
| **If you are not a patient, please say how this Practice is known to you.** | | |

**Reason for Nomination:**

Please tell us, in no more than 500 words, why you have nominated your Practice Team for the Practice Team of the Year Award 2018, Nominated by Patients.

When preparing your answer please consider the following:

What qualities do you feel make your Practice Team special *– please highlight any outstanding contributions / commitment the Practice Team has made to your care.*

How have they made a difference to your life*? Please give examples of how they have impacted on your quality of life and action(s) taken that you feel are above and beyond the call of duty.*

Please consider the following qualities when you are completing this section of the form:

Caring, compassionate, supportive, friendliness, empathy, understanding, reliable, trustworthy, listening, making time, patient individuality, joint decision making, patient centred care.

*Notes:*

*Please use an additional sheet of paper if you run out of space  
Please do not mention the name of your Practice Team in the nomination. Use instead ‘my practice’’*

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| **IMPORTANT – PLEASE COMPLETE THE FOLLOWING SECTION:** | | | |
| Practices who are nominated may wish to see their nomination. Are you happy for your Practice Team to see your nomination? | | | |
| **Yes** | **Yes**    *(but please do not reveal my identity)* | | **No** |
| RCGP Wales may wish to reproduce an anonymous version of your nomination in print for promotion or learning purposes. Patients will not be identifiable in the text used.  Are you happy to agree to this? | | | |
| **Yes** | | **No** | |
| **Consent and declaration:**  Please tick this box if you consent to information provided in this form, or photographs taken at the RCGP Wales Gala Awards evening (date to be confirmed), being used for publicity purposes by the College.  **Signed ……………………………….. Date ……………………………….** | | | |

**Please return completed forms to:**

RCGP Wales  
FREEPOST SWC3779  
Cardiff  
CF10 4GZ