



NOMINATION FOR SPECIAL RECOGNITION AWARD OF THE Year ()

Please submit the Nomination Form with Supporting Documents to the Secretariat Office of The Hong Kong Academy of Nursing by post or by email to info@hkan.hk on or before 5 pm on date ().

Part I Nominator Information (Should be individual)

Name: (English) _____ (Chinese) _____

Email Address: _____

Phone No. _____ Position: _____

Organization: _____

Part II Nominee (Information)

Name of Nominee: _____

Fellowship nos.: _____

Email Address: _____ Phone No. _____

Current Position: _____ Organization: _____

I agree to be nominated. _____ (Signature)

Part III (To be completed by Nominator)

Recognition Areas

** Applicant can refer to the period (), fill in one or more recognition areas. He/She must fill in the detail under the selected recognition area(s) and provide supporting documents.*



The Hong Kong Academy of Nursing
香港護理專科學院

A. Contribution to Health and/or Nursing

Period (Month/Year)	Description	Impact/Outcome

B. Contribution to Society

Period (Month/Year)	Description	Impact/Outcome

Part IV. Supporting Documents (*attached with submission of application: e.g. photos, newspaper clips, journal etc.*)

Note:

- (1) Please use additional sheets if necessary.
- (2) The application form should be typed and submit in hard/soft copy with supporting documents by post or email to Secretariat Office of The Hong Kong Academy of Nursing
Address: LG1, School of Nursing, Princess Margaret Hospital, 232 Lai King Hill Road,
Lai Chi Kok, Kowloon.
Email: info@hkan.hk. HKAN Secretariat Office
Enquiry: 2370 0335



The Hong Kong Academy of Nursing
香港護理專科學院

Declaration by Nominator:

I agree to provide the above information to Hong Kong Academy of Nursing for processing my Special Recognition Award application and certify that the above information provided is true and complete.

Signature of Nominator: _____ (mandatory)

Date: _____

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- END -