# WONCA Europe 25th Anniversary Award

# NOMINATION FORM

## A. Details of person being nominated

Last Name:

First Name:

Initials:

Title:

Postal Address:

Email address:

Name of Organisation

Position held in Organisation

Email of organization:

## B. Primary person making the nomination

## 

Last Name:

First Name:

Initials:

Title:

Email address:

Position / Status:

Relationship to nominee:

## C. FULL description of the nominee’s activities which have motivated this nomination. Include how this person has made an impact on individuals and communities; on regional and local development of services; any academic activities instituted/completed; and any innovative activities, which may have been instituted. (Attach a good quality picture of the nominee)

## D. Other information:

* Is the nominee still involved in these activities? (Explain)

* Does/did the nominee work in collaboration with others? – If “Yes” please explain and give

contact details:

* Has the work been described in published articles? If so, give details:
* Has the nominee been honoured in any other way for this work/activity? If so, give details:
* Has the nominee been nominated previously?
* Does the nominee have knowledge of your nomination?

## E. In making this nomination I acknowledge that the decision made by the Member Organisation is final and not subject to review. I am also prepared to supply any additional information if required.

Name:

Best contact email address:

*Please return to:*

*Wonca Europe Secretariat, Institute for development of Family Medicine*

*Poljanski nasip 58, SI1000 Ljubljana, Slovenia,*

*E-mail:* [*SecretariatEurope@Wonca.net*](mailto:SecretariatEurope@Wonca.net)*, Fax: +386 1 438 69 10*