



WONCA AWARD OF EXCELLENCE IN HEALTH CARE

“The 5-Star Doctor” – NOMINATION FORM

Please note *When sending details of the nominee to WONCA, nominators must ensure the nominee consents that if selected and the Region’s their contact and nomination details will be shared with WONCA, including its Secretariat and the Nominations & Awards Committee and Council in order to be considered for the Global Award. Winners may be contacted to determine their consent to some information being published on the WONCA website.*

A. Details of person being nominated

Family Name/Surname:	
First Name(s):	
Title: <i>Dr/MD, Prof, A/Prof</i>	
Postal Address:	
Phone No:	
Email address:	
Name of WONCA member Organisation:	
Position held in Organisation:	

B. Primary person making the nomination

Family Name/Surname:	
First Name(s):	
Title: <i>Dr/MD, Prof, A/Prof</i>	
Position / Status:	
Email address:	
Phone No:	
Email address:	
Relationship to nominee:	

WONCA Member Organisation supporting nomination <i>(if relevant)</i>	
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C. Brief description of the nominee’s current work, past achievements, and activities which have motivated this nomination.

(500 words maximum)

Describe how the nominee displays the attributes of a 5-Star Doctor:

(300 words maximum per attribute)

- **A care provider;**

- **A decision maker;**

- **A communicator;**

- **A community leader;**

- **A team member.**

D. Other information:

<p>Is the nominee still involved in these activities? (100 words maximum)</p>	
<p>Does/did the nominee work in collaboration with others? If “Yes” please explain and give contact details (100 words maximum)</p>	
<p>Has the work been described in published articles? If so, give details (100 words maximum)</p>	
<p>Has the nominee been honoured in any other way for this work/activity? Give details (100 words maximum)</p>	
<p>Has the nominee been nominated previously for a 5-Star doctor award? (100 words maximum)</p>	
<p>Have you informed the nominee of their nomination? Have they consented to the WONC Privacy requirement (at the top of page 1 of this form)?</p>	

E. Other person(s) who could be contacted to obtain further information on the nominee.

1.

First and last name:	
Phone No:	
Email address:	
Position:	

2.

First and last name:	
Phone No:	
Email address:	
Position:	

F. In making this nomination, I acknowledge that the decision by the judges is final and not subject to review. I am also prepared to supply any additional information if required.

Name:	
Best contact address or email address:	