

# PSS HOSPITAL PHARMACIST OF THE YEAR AWARD 2018 NOMINATION FORM

## Nominee's Details

Full Name of Nominee: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Tel: \_\_\_\_\_ Handphone: \_\_\_\_\_  
Email/Fax: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: Male/Female\* PSS Membership No: \_\_\_\_\_  
Have you been nominated before: Yes/No\* \*Delete where appropriate

## Nominee's CV & Contribution

Please enclose a copy of the Nominee's Curriculum Vitae and give details of his/her contributions to pharmacy practice in the hospital. Please be sure to include details on the nominee's professionalism, leadership and outstanding achievements on a separate sheet.

## Nominator's & Seconder's Details

### Nominator

Name of Nominator: \_\_\_\_\_ PSS Membership No: \_\_\_\_\_  
Company: \_\_\_\_\_ Designation: \_\_\_\_\_  
Office Tel: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

### Seconder

Name of Seconder: \_\_\_\_\_ PSS Membership No: \_\_\_\_\_  
Company: \_\_\_\_\_ Designation: \_\_\_\_\_  
Office Tel: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

## Declarations

### Nominator / Seconder

To best of our knowledge, the information contained in this form, and in the enclosed documents, is accurate.

\_\_\_\_\_  
Nominator's Signature

\_\_\_\_\_  
Seconder's Signature

### Nominee

The information in this form, and in the enclosed documents, is true to the best of our knowledge. I agree to any publicity which may arise as a result of the nomination.

\_\_\_\_\_  
Nominee's Signature