Sample form, not for offline completion.

Visit https://hcsa.awardsplatform.com to enter.

HCSA EIS Supplier Patient Experience/Support Services Award

This award is aimed at companies who provide support and services to the NHS in order to help maintain or improve individual patient experience and demonstrate improvement and/or enhancement for the patient.

This may include improvements in the quality of services /and or outcomes delivered to the patient.

This could be in a hospital, out in the community or in a mental health setting.

The Supplier must be able to demonstrate it is delivering services within the region the nomination is being submitted.

The nomination must be proposed and or/supported by a member of the Healthcare Supplies Association.

*HCSA INSUPRIVE	
Entry name	
Nominee	35 words
Please enter the full name of the organisation or person you are nominating. Please ensure you check all r correct as this information will be engraved and cannot be altered.	names or organisation are
Nominees Job Title	35 words
Please enter the job title of the person you are nominating. Please ignore this file if you are nominating an	organisation.
Nominees Organisation	35 words
Please enter the organisation of the person you are nominating. Please ignore this question if you are nom Please ensure you check all names or organisation are correct as this information will be engraved and ca	
Nominees Email Address	
Please enter an email address of the person/ organisation you are nominating.	
Nominees Telephone No.	
Please enter a contact telephone of the person/ organisation you are nominating.	

Summary Overview	300 words
Please enter a summary overview of the nomination.	
Word Count 300 words	
Should this nomination be chosen for an award (optional)	
☐ I would be interested in sharing	
I would not be interested in sharing	
I don't know please contact if the nomination is successful	
☐ I wish to nominate the following person (or group/organisation) for award. I understand that be nomination I declare that the information I have provided is – to the best of my knowledge – a	
Award Submission	
Your Name	35 words
Please enter the full name of the person making the nomination	
Your Job Title	35 words
Please enter your job title.	
Your Organisation	35 words
Please enter your organisations name.	
Your Email Address	
Please enter your email address	
Your Contact number	
Please enter your Contact number	
	500 words
Supporting Statement Supplier	500 words
Please provide a brief everyion, the supplier its size and what they provide to the NHS. (This answer will be	

Word Count 500

Improvements and Outcomes	500 words
Please explain how the supplier has demonstrated improvements in the quality or services/and or outcor organisation/s it works with.	mes delivered to the NHS
Word Count 500	
Supplier Approach	500 words
Please provide details of how the supplier's approach helps to maintain or improve individual patient exp improvement and/or enhancement for the patient. Word Count 500	perience and demonstrates
Supporting Evidence	500 words
Provide supporting evidence that the supplier is delivering goods and/or services within the region the no	omination is submitted.
Word Count 500	
Video Submission (optional)	

If you want to submit your entry using video please upload your link here.

The video must be relevant and answer the questions above.

Please use Vimeo where possible.

Material may be supplied as follows:

- 1. Upload JPEG or PDF files. Maximum file size is 5MB per piece. A maximum of five pieces can be uploaded with your entry.
- 2. For Video attachments please use Vimeo were possible.
- 3. Provide website URL's to the publicly accessible campaign or active URL of a landing page. Please ensure any applicable usernames and passwords are provided and active.
- 4. Please do not upload any further written material as the judges will not consider these. The written component of your entry should be fully explained within the provided form fields.