LIFETIME ACHIEVEMENT AWARD Nomination 2024

|  |  |
| --- | --- |
| Nominator Name |  |
| Nominator Email |  |
| Nominator Telephone Number |  |
| Please select role and delete the others  | **A Member of National Council** **A Member of HCSA Executive Team****HCSA Trustee****HCA Chair****HCSA Patron****HCSA President** |
| Nominated Person  |  |
| Nominated Team |  |
| Organisation Name |  |

The Lifetime Achievement Award (previously Chairs Award) can be for a team or an individual/individuals. It recognises excellence of delivery within the Procurement community.

The criteria for the award include one or several of the following,

* Has been at the forefront of strategic change
* Has made a significant contribution to the health care supply profession
* Has significantly raised the profile of the profession, or their organisation(s)
* Has performed their role (strategic or operational) to a level of excellence and with dedication, enthusiasm and professionalism, over a number of years, directly or indirectly supporting colleagues to deliver frontline patient care

|  |
| --- |
| **Overview** – please enter an overview of no more that 200 words outlining why this nominee should be considered for this award |
|  |

|  |
| --- |
| **Submission** – Using the criteria above please describe how the nominee meets criteria including any achievements and examples of their contribution.  |
|  |

|  |
| --- |
| **Supporting Evidence and Feedback**  - please use this section to include any additional information you would like to be considered to support this nomination. |
|  |

|  |
| --- |
| **Declaration – please read carefully** |
| **Declaration - Interests should be declared by the submitter of the nominations (on the nomination form) where they:*** Hold a position of authority in any of the organisations/or over the individuals or team that has had a submission presented for consideration for the Chair’s Award, which could be seen to influence decisions they take.
* Have close family members and relatives, close friends and associates, and business partners that have submitted an award submission.

If they are in any doubt as to whether an interest is material then they should declare it, so that it can be considered by HCSA Executive. Please delete as appropriate **I declare that I do not have any interest** **I declare that I do have any interest**  |
|
| **Declaration –** I wish to nominate the person/team/organisation for award. I understand that by submitting this nomination I declare that the information I have provided is – to the best of my knowledge – accurate and complete.**Name of Nominator** **Date of Submission** |
|
|
|
|