

ICAN Contribution to the VdTMoCA Community of Practice Award

Nomination Form

Your personal details

Title	
First name	Surname
Address for correspondence	
Day time telephone number	
E-mail address	
Relationship to nominee e.g. unqualified OT colleague/manager (please explain)	
How long have you known the nominee professionally?	

Who are you nominating for the award?

Title	
First name	Surname
Position currently held	Position held at time of work done for which nomination is made (if different)
Work address	
Email address:	

To your knowledge has the nominee received previous nominations for this award?	Yes	No
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Please provide a supporting statement of no more than one side of A4 below. Refer to the Nomination Guidelines available at: <https://www.ican-uk.com/resources-awards/awards>

Supporting statement

Your name	
Your signature	
Date	