**AWARD NOMINATION/APPLICATION FORM**

**Transfusion Practitioner Special Interest Group Award**

This award is given by the BBTS Transfusion Practitioner (TP) Special Interest Group (SIG) in recognition of the outstanding contribution made to the transfusion community by a TP or an individual working in an equivalent role.

This award is open to all TPs and those working in equivalent roles who are based in the UK and are current BBTS members. Nominees should be individuals who have made a significant contribution to any aspect of transfusion practice and to the benefit of the wider transfusion community at any point during their career. Nominations should be made by current BBTS members in the form of a short citation describing the contribution made.

The citation should specifically include:

* An overview of the significant contribution the individual has made
* Who they engaged with and how they have delivered their contribution
i.e. through engagement/influence/teaching/development of documentation etc
* The impact their contribution has had on transfusion practice and the wider transfusion community

This award will be presented at the beginning of the TP Simultaneous Session at Annual Conference. The award winner will be invited to provide a short presentation of their work at the same session and will also be invited to write an article summarising their achievements for BBTS Bloodlines magazine. The names of all TP SIG Award Winners will also be included on the BBTS TP SIG webpage.

**Nominations must be received prior to the end of March for the respective conference year.**This is an annual award event, so any nominations received after this time will be held and considered for the following year.

**To nominate, please complete the following form and return to :** **Karen.mead@nbt.nhs.uk** **and** **pedro.vallevallines@nhs.net****. Please also use these contact details for any queries relating to the TP SIG award.**

**BBTS TP SIG AWARD NOMINATION FORM**

**Your Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | BBTS No: |  |
| Telephone No: |  | Email: |  |

**Nominee Details***Please give the details of the person you are nominating using BLOCK CAPITALS.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | First Name: |  | Surname: |  |
| Current Job Title: |  |
| Work Address: |  |
|  |  |
| Postcode: |  | Telephone No: |  |
| Email Address: |  |
| Please state your reasons for nominating this person, using a maximum of 500 words *(continue on an additional sheet if required)* |