(Nomination Form, page 1 of 2)

**IHM SCOTLAND’s TOP HEALTHCARE MANAGER 2016**

**Nomination Form**

**Entry Deadline: 22nd August 2016**

|  |  |
| --- | --- |
| **Nominee’s** Name |  |
| Position |  |
| Organisation |  |
| Tel: |  |
| Email |  |

|  |  |
| --- | --- |
| **Nominator’s** Name |  |
| Position |  |
| Organisation |  |
| Relationship to Nominee |  |
| Tel: |  |
| Email |  |

**Nomination Criteria** – a manager/leader who demonstrates excellent management/leadership qualities and whose practice delivers high quality service. In particular refer to the following criteria – a manager who demonstrates:

1. Innovative and/or inspiring management practice and/or,
2. An empowering approach towards staff engagement in the delivery of excellent service delivery and/or,
3. The ability to achieve high performance from individuals/teams and so harness staff contributions towards professional, effective service delivery and/or
4. Commitment, often above and beyond the call of duty, towards ensuring the highest quality of service is offered to patients.

Complete the form below in no more than 250 words, referring to the criteria, describing why you are nominating your chosen candidate for this award. What precisely have they done which makes them so special? Why should they be more widely recognised?

(Nomination Form, page 2 of 2)

**NOMINATION ENTRY**

|  |
| --- |
| I am nominating:  |
| Because (in no more than 250 words): |
| Signed:  |
| Date:  |

Nominations to be submitted to martin.hill@ihmscotland.co.uk by the closing date of Monday 22nd August 2016.