**ABC UK Nurse of the Year Award 2025 Nomination Form**

**Name of person nominated:**

**Title of person nominated:**

**Name of hospital:**

**Short description of why you are nominating this person:**

**Please give more details of why you think they deserve this award.**  Please support this by including other information such as photos, documents, or quotes from colleagues and patients (you may attach additional pages to this form).

**Who is making this nomination** (include names and job titles - if the nomination is being made by a team, please include all names and titles).

**Name of lead person making this nomination:**

(if a team, please include details for a selected member)

**Contact email:**

**Contact phone:**

**Signature of person making this nomination:**

**Name of head of department:**

**Signature of head of department:**