

**ACPIN Awards Nomination Form – ACPIN International Conference 2020**

We wish to propose for consideration by the ACPIN Awards Committee the following nomination for an ACPIN Award.

**Deadline for submission: Midnight - 15th December 2019**

|  |  |
| --- | --- |
| **Title** (e.g. Dr, Miss, Mr, Mrs, Ms, Professor) |  |
| **Forename**  |  |
| **Surname** |  |
| **Professional / National Honours & Academic Degrees**  |  |
| **Which ACPIN award are you nominating this person for?**  | Distinguished Service Fellowship Honorary Fellowship |
| **Principal appointment**  |  |
| **Address** |  |
| **Post Code** |  |
| **Chief Nominator** (to whom all correspondence is sent) |  |
| **Position** |  |
| **Address** |  |
| **Post Code** |  |
| **Email** |  |
| **ACPIN Membership No** |  |
| **Nominator 2** |  |
| **Position** |  |
| **Address** |  |
| **Post Code** |  |
| **Email** |  |
| **ACPIN Membership No** |  |

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| --- |
| **Supporting statement** |
| **Introduce the nominee** |  |
| **Background and context** |  |
| **Historical overview of involvement** |  |
| **Influence of the nominee on the neuro-physiotherapy profession**  |  |
| **Other important information** **to include in the statement**: |  |

Email this completed form to: acpinconference@acpin.net