**BSGCT PPIE Award – APPLICATION FORM**

Nominations must be submitted by the advertised deadline to secretary@bsgct.org

**SECTION 1**

**APPLICANT’S NAME:**

**APPLICANT’S AFFILIATION AND CONTACT DETAILS (including email address):**

**CONFIRMATION THAT APPLICANT IS A CURRENT BSGCT MEMBER:** Yes/No (delete as appropriate)

**CONFIRMATION THAT APPLICANT WOULD BE AVAILABLE TO RECEIVE TROPHY AT THE NEXT BSGCT ANNUAL CONFERENCE:** Yes/No (delete as appropriate)

**SECTION 2**

**BRIEF STATEMENT FROM THE APPLICANT ADDRESSING THE JUDGING CRITERIA** (up to 1 page)**:**

**BRIEF STATEMENT FROM REPRESENTATIVES OF THE PATIENTS INVOLVED, ASSESSING THE EXPERIENCE FROM THEIR POINT OF VIEW** (up to 1 page):