



The Hong Kong Academy of Nursing & Midwifery

香港護理及助產專科學院

Unit 4 & 5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon, Hong Kong SAR

Email: info-enquiry@hkanm.hk Telephone: (852) 2370 0335 Fax: (852) 2370 0216

NOMINATION FOR SPECIAL RECOGNITION AWARD OF THE Year ()

Please submit the Nomination Form with Supporting Documents to the Secretariat Office of The Hong Kong Academy of Nursing & Midwifery by post or by email to info@hkanm.hk on or before 5 pm on date ().

Part I Nominator Information (Should be individual)

Name: (English) _____ (Chinese) _____

Email Address: _____

Phone No. _____ Position: _____

Organization: _____

Part II Nominee (Information)

Name of Nominee: _____

Fellowship nos.: _____

E mail Address: _____ Phone No. _____

Current Position: _____ Organization: _____

I agree to be nominated. _____ (Signature)



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Part III (To be completed by Nominator)

Recognition Areas

* Applicant can refer to the period (), fill in one or more recognition areas. He/ She must fill in the detail under the selected recognition area(s) and provide supporting documents.

A. Contribution to Health and/or Nursing

Period (Month/Year)	Description	Impact/Outcome

B. Contribution to Society

Period (Month/Year)	Description	Impact/Outcome



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Part IV. Supporting Documents (*attached with submission of application: e.g. photos, newspaper clips, journal etc.*)

Note:

- (1) Please use additional sheets if necessary.
- (2) The application form should be typed and submit in hard/soft copy with supporting documents by post or email to Secretariat Office of The Hong Kong Academy of Nursing & Midwifery
Address: Unit 604-605, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon
Email: info@hkan.hk. HKAN Secretariat Office
Enquiry: 2370 0335

Declaration by Nominator:

I agree to provide the above information to Hong Kong Academy of Nursing & Midwifery for processing my Special Recognition Award application and certify that the above information provided is true and complete.

Signature of Nominator: _____ (mandatory)

Date: _____

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