



EHFCN Excellence Award – FORM 2009

Please fill in the details and include annexes as relevant.
 Incomplete forms will not be accepted. All fields of this form must be completed with either a relevant answer, "none" or "not applicable". Except for the declaration, this form and all annexes must be sent in at once.

Name nominating organisation or person:	
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I/we would like to nominate:	
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1. Contact information

Please provide contact details of
 a) the person/organisation nominated and
 b) your own contact details.

a) Person/organisation nominated:

Title (Mr, Ms, Mrs, Dr,...)	
First name	
Last name	
Organisation (complete official denomination – where applicable)	
Organisation acronym (where applicable)	
Address: street & nr	
Address: Postcode	
Town / City	
Country	
Telephone:	+(country code)
Fax:	+(country code)
e-mail	
Internet site	

Please include:
 short curriculum vitae of the nominee (250 words maximum)
 Or short synopsis of the organisation (250 words maximum)

Include cv or synopsis here



b) Your contact information

Title (Mr, Ms, Mrs, Dr,...)	
First name	
Last name	
Organisation (complete official denomination – where applicable)	
Organisation acronym (where applicable)	
Address: street & nr	
Address: Postcode	
Town / City	
Country	
Telephone:	+(country code)
Fax:	+(country code)
e-mail	
Internet site	

2. Statement for nomination to the EHFCN Excellence Award

Taking account of the award rules in attached, please write a brief statement (500 words) explaining why you think this person/organisation should be awarded the EHFCN Excellence Award.

Annex 2: You are welcome to add additional supporting information to this nomination form if relevant (for example photos, campaign material, publicity, newspaper articles etc.)



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Type your statement here.



3. Sample declaration

(to be filled in by nominee and returned to the EHFCN Office, indicating "EHFCN Excellence Award 2009" at contact details below)

This is to confirm that I/we have been informed that I am/we are being nominated for the European Healthcare Fraud and Corruption Network (EHFCN) Excellence Award 2009 and that I/we have given my/our consent to the nomination.

I/we authorise EHFCN to make public my/our nomination in the event that I am/we are the recipient of the Excellence Award.

I/we authorise EHFCN to conduct private research on the merits of my nomination.

Name:

Date:

Signature:



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Annex 1: additional supporting material if applicable.