**ABOUT THIS AWARD CATEGORY:**

This award is about acknowledging an outstanding individual. They should be a VRA member (with a current membership). This can be a self-nomination, or a nomination for someone else.

The nomination should provide **clear detail regarding the individual’s approach to practice**: highlighting in particular **what makes them stand out** to warrant this award, **how they have impacted practice**, or **what contribution they are making to the VR field**.

You should demonstrate **measurable outcomes and evidence-based practice**, wherever possible.

The nomination can be supported, by adding testimonials from other parties in an appendix, but **please do refer to the guidance document re use of appendices**.

The Nomination should be **no more than 1,000 words** and can take the format of a case study or narrative description.

You should include:

* A brief outline of the individual’s professional background and experience (approx. 100 words)
* Their current area of work within the field (approx. 300 words)
* Their achievements and outcomes that mark them out for this award (approx. 600 words)

| **Nominee:** |
| --- |
| Name:  |  |
| Role:  |  |
| Organisation:  |  |
| Address:  |  |
| Telephone:  |  |
| Email address:  |  |
| Website:  |  |
| Social media: | ***To enhance promotion of the awards please give details for Twitter and LinkedIn*** |
| **Nominator:** |
| Name:  |  |
| GDPR | *Please anonymise your nomination wherever possible and confirm that any individuals or organisations named within this nomination (including the appendices) has given consent for their details to be shared.****Yes/No*** |
| Nominee consent  | *Please confirm that the individual being nominated is fully aware of and has consented to this nomination.****Yes/No*** |
| VRA membership | *Please confirm whether the VR Practitioner nominated holds a current VRA membership.****Yes/No*** |
| ***If the nominee is not also the nominator – please complete the following nominator contact details***  |
| Role:  |  |
| Organisation:  |  |
| Address:  |  |
| Telephone:  |  |
| Email address:  |  |
| Website:  |  |

| **Nomination**  |
| --- |
| **IMPORTANT:** * All sections to be completed
* Only one nomination on each form please
* Do ensure you have read the Awards Guidance document for nominations
* We strongly advise that you also read the Judging sheet for this category of award so that you can see how your nomination will be scored
 |
| *Insert nomination here. You can type in this box to expand.* |

Any appendices should be incorporated into this document on additional pages (see Guidelines for detail)

Please submit to enquiries@vrassociation.org.uk in line with the awards timetable.