

### 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)



# **VR PRACTITIONER NOMINATION FORM**

| 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.<br>Yes/No |
| Nominee consent  | Please confirm that the individual being nominated is fully aware of and has consented to this nomination.<br>Yes/No   |
| VRA membership   | Please confirm whether the VR Practitioner nominated holds a current VRA membership.<br>Yes/No   |
| If the nominee is not also the nominator – please complete the following nominator contact details |  |
| Role:  |  |
| Organisation:  |  |
| Address:   |  |
| Telephone:   |  |
| Email address:   |  |
| Website:   |  |



## **VR PRACTITIONER NOMINATION FORM**

### Nomination

#### **IMPORTANT:**

- The nominee should be a current VRA member
- 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 <u>enquiries@vrassociation.org.uk</u> in line with the awards timetable.