



The Bermuda Nurses Association

Making A Difference Every Day

Nominations from members and the general public are now accepted.
Please carefully note the criteria for completing this nomination form as outlined below:

NURSE OF THE YEAR NOMINATION FORM		
Nominee Information		
Name:		
Tel Home:	Tel Work:	Tel Cell:
Personal Email address:		
Place of Employment:		
Department:		
Nominator Information		
Name:		
Tel Home:	Tel Work:	Tel Cell:
Email:		
<p>Submit a 200 max word essay stating how your nominee meets the following criteria for Nurse of the Year:</p> <ul style="list-style-type: none"> a) Is a current member of the Bermuda Nurses Association (BNA) b) Acts as a role model and inspires peers to improve the quality of their Nursing practice. c) Demonstrates innovation and creativity that assists and encourages peers in their practice of Nursing. d) Is committed to keeping informed / updated on the changing practices in nursing. e) Is involved in the community. f) Contributes to the advancement of nursing in Bermuda. 		
Return to:		
Bermuda Nurses Association	Electronic Submission:	
P.O. Box HM 1466	Email: bermudanursesassociation@gmail.com	
Hamilton HMFx		
<p>Or deliver to designated boxes stationed at the front desks of KEMH/MWI or the Hamilton Health Centre.</p> <p>Incomplete application forms and forms without an essay will not be accepted.</p> <p>DEADLINE FOR SUBMISSION: Friday, April 30th, 2019 5pm</p>		
Signature of Nominator:		Date:
Bermuda Nurses Association, P.O. Box HM 1466, Hamilton HM FX WWW.BNA.BM		