**Entry Form**

Please indicate which category you are entering

|  |  |
| --- | --- |
| **Award category** | Please tick |
| Best National /Regional Project |  |
| Best Local Project |  |
| Outstanding Team |  |
| Outstanding Individual |  |
| Outstanding contribution to BAPM |  |

|  |
| --- |
| **Applicant Details (The person filling in this form)** |
| Named Applicant(s): |  |
| Unit: |  |
| Hospital: |  |
| Network (if applicable): |  |
| Email: |  |
| Phone: |  |

|  |
| --- |
| **Nominee Details (The person being nominated for the award)** |
| Name of individual(s) or team: |  |
| Unit: |  |
| Hospital: |  |
| Network (if applicable): |  |

|  |  |
| --- | --- |
| **Entry word count (max 350):** |  |

**Entry:**

Please explain in 350 words or less why the named nominee should receive a BAPM award. Please refer to the category [judging criteria](https://www.bapm.org/pages/101-bapm-gopi-menon-awards) to help you with your application.

If possible please attach any photos or pictures you have which illustrate or celebrates the achievement. (You must have permission to share these pictures and by including these you give BAPM permission to use these alongside details of your entry in awards materials.)

You should include:

1. What has the individual or team done?
2. What was the outcome of this?
3. How has this helped their fellow professionals and / or babies and their families