**
 School of Nursing & Midwifery**

**Mentor Awards 2015-16**

***Acknowledging our Mentors***

**NOMINATION FORM**

**Your details**

|  |  |
| --- | --- |
| Name |  |
| Student Number |  |
| Email Address |  |
| Intake (e.g. Sept 13, Feb 14)and Field |  |
|  |  |
| Mentor details (please PRINT) |  |
| Placement Name & address(Ward, Community Area etc.) |  |
| Mentor Name |  |
| Dates you worked with this Mentor |  |

|  |
| --- |
| **Please let us know in a maximum of 500 words why you feel your mentor should receive a Mentor Award.** |
|  |

 **Please email your completed form to Maria Farrell at** m.farrell@qub.ac.uk

**or drop your form into the School’s Reception, Level 2 by 5pm on Friday 8th April 2016.**