**Entry Form**

Please complete the entry form below and once completed email to the QuDoS team at qudos@pharmaphorum.com.

Once your form has been submitted, you will receive a message confirming receipt of your entry. If you have not received a confirmation e-mail within 48 hours of submitting your entry, please call or e-mail the QuDoS team on qudos@pharmaphorum.com or on +44(0)1932 339260.

If you have any queries please email the QuDoS team at qudos@pharmaphorum.com or call us on +44(0)1932 339260.

**Category(IES)**

Outstanding Specialist Nurse  Outstanding MS Physiotherapist

Outstanding MS Occupational Therapist  Outstanding Physician  Outstanding Pharmacist

Team of the year  Innovation in Practice  Innovation in Digital Services

Are you eligible to nominate for this category? Check our [FAQs](http://qudos-ms.com/faqs/) page for more information.

**NOMINEE’S DETAILS** *(for individual nominations)*

Full name of person you are nominating:       *(required)*

Their job title:       *(required)*

Their organisation/Trust/hospital:       *(required)*

Their telephone number:       *(optional)*

Their email address:       *(required)*

**NOMINEE’S DETAILS** *(for team nominations)*

Full name of team you are nominating:       *(required)*

Name of main contact / team leader:       *(required)*

Their job title:       *(required)*

Their organisation/Trust/hospital:       *(required)*

Their telephone number:       *(optional)*

Their email address:       *(required)*

**YOUR DETAILS**

Surname:       *(required)*

Forename:       *(required)*

Telephone number:       *(optional)*

Email address:       *(required)*

Relationship to nominee: (e.g. colleague, manager)       *(required)*

**TELL US ABOUT THIS PERSON / TEAM:**Please tell us in **no more than 250 words** about the person or team you are nominating:

**WHY ARE YOU NOMINATING THIS PERSON / TEAM:**Please tell us in **no more than 250 words** why you are nominating this person or team (including relevant information about the project).

**PERMISSION FOR MATERIALS TO BE USED IN ACTIVITIES TO PROMOTE THE QuDoS IN MS RECOGNITION PROGRAMME:**

If your entry is shortlisted, the Programme organisers may wish to reproduce a summary of your nomination in the recognition ceremony booklet or within other materials they produce to promote the recognition ceremony and also in any post-dissemination material e.g. press release, conference stand materials, posters, websites such as [www.qudos-ms.com](http://www.qudos-ms.com) and leaflets etc. Please tick this box if you **do not** want your nomination information to be used in this way.

No I would like my materials to remain confidential

I agree to the T&Cs and privacy policy

When you complete the nomination form you will be asked to enter the person you are nominating and your own personal details. This data will be collected by pharmaphorum media limited, and may in turn be passed to the company(ies) we are partnering with to bring you this recognition programme. This data may be used by us and them for occasional marketing purposes. It will not be shared with any further third parties. By submitting this information you give consent for any data you provide to be used in this way. If at any point you no longer wish to be contacted based on the information you provide during this nomination, please send an email to qudos@pharmaphorum.com requesting that your information is deleted in accordance with the General Data Protection Regulation.