

**National Service User Awards**

**Nomination Form**

Please return this completed form to [info@nsua.org](mailto:info@nsua.org)

The deadline for entries is: **Friday 16th December 2016**

**PLEASE DO NOT include any service user identifiable information on this form as the email address is not secure and nominations need to be anonymous for the shortlisting process.**

The judging day will take place in early January 2017 - successfully shortlisted finalists will be notified by the end of January and invited to attend the ceremony in April 2017.

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| **Ward/ Service Name:** | |  |
| **Hospital/Unit:** | |  |
| **Organisation/Company/Trust Name:** | |  |
| **Submitted by** | **Name:**  **Role:** |  |

**Nomination category –** please tick below as appropriate for your entry:

|  |  |
| --- | --- |
| 1. Community, Social or Vocational Initiative |  |
| 1. Recovery and the Arts |  |
| 1. Breaking Down Barriers and Reducing Stigma |  |
| 1. Health and Well-being Initiative |  |
| 1. Outstanding service user achievement award |  |

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| --- | --- |
| **Name/ Title of Initiative: (maximum 10 words)** | |
|  | |
| **Your reference:** |  |
| Your reference should not include any service user identifiable information. This reference is to help you to identify the nomination if shortlisted, where you / your service have submitted multiple entries. | |

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| **Person to be contacted in the event of a successful nomination:** |  |
| **Phone number:** |  |
| **Email Address:** |  |

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| Brief summary of initiative in **no more than 50 words**  *(if successful this will be printed in the Awards programme, so 50 words is the strict limit)* |
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| Full overview of project (no word limit)  Please consider the following in your response:   * How involved service users have been in the project * What impact the project has had on service users and the service as a whole * The sustainability of the project * How innovative it is * How easily it could be replicated/rolled out in other services |
|  |
| Comments from service users involved in the project or any other additional information: |
|  |
| If you wish to include any supporting information / evidence please include as an email attachment, or send via post, clearly labelled with your entry name to:  **NSUA, c/o Louise Bannister, Cygnet Hospital Derby, 100 City Gate, London Road, Derby, DE24 8WZ** |