

**National Service User Awards**

**Nomination Form**

Please return this completed form to events@cygnethealth.co.uk

The deadline for entries is: **Friday 25th January**

**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 February 2019 - successfully shortlisted finalists will be notified by the end of January and invited to attend the ceremony in May 2019.

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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:

|  |  |
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| * **Community and Education Projects** |  |
| * **Raising Mental Health Awareness** |  |
| * **Recovery and the Arts** |  |
| * **Health and Wellbeing** |  |
| * **Outstanding Service User Involvement** |  |

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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:   * Has this project been led by service users * How involved service users have been in the project please give examples * What impact the project has had on service users and the service as a whole * Can this project have a long lasting effect * How original is the project * Why was the project started * How easy would it be for service users to copy this project |
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| 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** |