

This award seeks nominations from the general public, patients and carers to nominate a healthcare professional who has gone above and beyond to deliver care within the field of thrombosis.

Thank you for nominating someone you feel is well deserving for a Thrombosis UK Hero Award.

## DATA PROTECTION

Thrombosis UK has a strict data protection policy that complies with UK and EU data protection law.

Your name and contact details may be stored for up to 12 months in order for correspondence relating to your application be appropriately processed.

Please be reassured that only an anonymised copy of your application will be shared with the Thrombosis UK Judging Panel.

Only if your nomination is short listed, would we then seek your permission to include your name on the summary paragraph included on the Thrombosis UK website and social media promotion of the award winner and short listed candidates.

Thrombosis UK takes security and confidentiality very seriously, your name and contact details will never be passed or shared with any third party or an unauthorised individual.

If you have any queries, please contact: [jo@thrombosisuk.org](mailto:jo@thrombosisuk.org)

## GUIDANCE

We know that forms can be daunting. These guidance notes are intended to make it a bit simpler, but if you're not sure about any part of the process, please don't be discouraged simply email your query to: [jo@thrombosisuk.org](mailto:jo@thrombosisuk.org)

## COMPLETING THE NOMINATION FORM

1. Please complete all sections of the nomination form following the instructions in each section. It is important that you provide as much information as possible about your nominee explaining what their actual contribution or impact has been.
2. Nominations should be for a person who is currently in post, not retired.
3. All nominations are treated in the strictest confidence. We would prefer you to refrain from telling the nominee that they have been nominated.

Letters of support can be provided from people with first-hand knowledge of the nominee who can endorse their contribution or supply additional information. These are not essential but may help to provide full information on the work and impact the nominee has contributed; these can be uploaded with your completed nomination form.

## GUIDANCE NOTES:

Please tell us how your nominee has made a significant contribution to VTE care and service including the provision of resources and support and the benefit this brings to patients using the service.

Please note, we are looking for people who deliver an exemplary service, who:

- have changed things, with an emphasis on patient experience, understanding, wellbeing and improved outcomes;
- have demonstrated innovation and dedication;
- provide examples of the best provision of management and care for example, evidence of effectiveness, copies of resources and any feedback gathered from colleagues and patients
- have delivered in a way that is over and beyond their job specification and has brought considerable benefits to all those benefiting or involved with the service.

Please complete this form. Once submitted you will receive an email, confirming safe receipt of your application.

If you do not receive confirmation please email: [jo@thrombosisuk.org](mailto:jo@thrombosisuk.org)

I nominate the following person for the Thrombosis UK Hero Award.  
This person is a healthcare professional who has gone above and beyond to deliver care within the field of thrombosis.

It is most important that the name given is accurate and that the spelling is correct.

Title

E.g. Mr, Mrs, Miss, Ms, Dr

First name

Surname

Job Title/Role

Name of Service and  
Address

Town/City

County

Postcode

Telephone Number

Email Address



We need to know as much about your nominee and the reasons why you have nominated them.

It is important that you give as much detail as possible about what your nominee has achieved which makes them stand out against others. **(Maximum 500 words)**

Please include examples and evidence of the person's actions to go above and beyond to deliver care within the field of thrombosis.

Please summarise why you have nominated the person. Please include details of:  
How their work and actions has benefited patients, colleagues and the NHS

## LETTERS OF SUPPORT

You may wish to include up to two letters of support which endorse the nominee's contribution. The letters should come from people who are familiar with his or her work and the service the nominated person provides.

Please indicate if letter(s) of support of accompanying this submission

- Yes       Number of letters  
 No

Supporter's name	Role in which the supporter has known the nominee <i>(for example, colleague, patient)</i>	Dates of knowledge <i>(if known)</i>

## DETAILS OF PERSON MAKING THE NOMINATION

My name and address.

**Title**

E.g. Mr, Mrs, Miss, Ms, Dr

**First name**

**Surname**

**Address**

**Town/City**

**County**

**Postcode**

**Telephone Number**

**Email Address**

**Relationship to nominee**

Please state your relationship to the nominee (e.g. patient, colleague, manager, friend)

By submitting this nomination, you declare that the information you have provided is, to the best of your knowledge, accurate and complete.

**Signature\***

**Date\***

