



**Nominee**

I wish to nominate: .....

Address: .....

.....

Postcode: .....

Telephone: (home) .....

(work) .....

**Nominator**

Nominated by (please print): .....

Address: .....

.....

Postcode: .....

Telephone: (home) .....

(work) .....

Email: .....

Signature: .....

**Acceptance by Nominee**

I agree to the above nomination. I understand that the judges' decision is final and that no correspondence will be entered into in respect of the decision.

Signed: .....

Date: .....

**Please ensure that you have completed all relevant details on this form. This form must be accompanied by a testimony of no more than 2000 words and must address both eligibility and other criteria for the Sidney Sax Public Health Medal**