**IPC Care Champion Awards 2024 – Nomination Form**

Thank you for nominating your provider's IPC Care Champion for an award. We believe that it is important to continue to recognise the efforts, hard work and commitment of care champions who support our teams across the spectrum of care.

We would appreciate it if you could answer the following questions for us to get to know a little more about your nominated champion.

This form should be filled in by the person making the nomination by **Monday 15th July 2024**.

To complete your nomination, please make sure to **attach any additional supporting documents/images/photos (Up to 5)** for your nomination **to an email along with this form**.
*Examples of evidence may include training delivered, presentations, posters, leaflets, displays, campaign work covering: Hand Hygiene/AMR Awareness/Nutrition & Hydration/UTIs etc.*

**Name of Champion:**

**Care Champion's Email:**

**Your Name:**

**Care Provider Name:**

**Your Email:**

 **1. What category are you making this nomination for?**

Champion of the Year [ ]  IPC Campaign\* [ ]

Staff Motivator [ ]  Quality Improvement and Innovation [ ]

*\*Please make sure to describe the campaign(s) in question 3.*

**2. Please explain the reasons for making this nomination (Up to *200-300 words recommended*).**

**(2. Continued)**

Thank you for taking the time to complete this form for your nomination.

Please make sure to send the completed form along with **all supporting evidence in 1 email** to our email address at: infectionprevention@lancashire.gov.uk

**3. If your nomination is within the IPC Campaign category, please provide details of the campaign(s) that your champion has been involved with.**