

The Princess Srinagarindra Award

INFORMATION & NOMINATION FORMS

The Princess Srinagarindra Award Foundation was established on 21 October 2000 in commemoration of the Centenary Birthday Anniversary of Her Royal Highness Princess Srinagarindra Mahidol.

The Princess Srinagarindra Award, to be conferred as an international award on an individual or group of registered nurses and/or registered midwives, is established in honor of Her Royal Highness Princess Srinagarindra Mahidol and in recognition of her exemplary contribution towards progress and advancement in the field of Nursing, Midwifery and Social Services.

The required documents must be completed in English and received by the Foundation by May 31st, 2022.

The Annex 1: the Eligibility Criteria and Selection Procedure

Each nominee for the Princess Srinagarindra Award must:

1. Hold the qualification of Registered Nurse and/ or Registered Midwife of any country in the world;
2. Be authorized to practice as a nurse or midwife in her/his own country or to have otherwise retired or resigned in good standing;
3. Have made a significant contribution, through direct care, research, education or management, within the nursing and/or midwifery profession and/or for the development of the nursing and/or midwifery profession, health system and/or people's health;
4. Have made the contribution(s) during the years immediately preceding the award or as a cumulative effort that continues to the present time.

For Further Information:-

Please contact Princess Srinagarindra Award Foundation
Dr. Tassana Boontong, RN., R.M. Ed.D., Ph.D. (Hon.)
Secretary-General, The Trustee of the Princess Srinagarindra Award Foundation
under the Royal Patronage,
Nagarindrasri Building, C/O Ministry of Public Health
Tiwanond Road, Amphur Muang, Nonthaburi 11000 THAILAND
Tel: (662) 596-7580 Fax: (662) 965 9264, (662) 589-7121

For more information :-Please contact Princess Srinagarindra Award Foundation
<http://www.princess-srinagarindraaward.org>
E-mail: psaf.rp@gmail.com

The Princess Srinagarindra Award

Attach a recent
Photograph of the
nominee(s) with
name and date
marked on the
back

NOMINATION FORM

Before completing the Nomination Form, please read the brochure entitled “Princess Srinagarindra Award” and the Annex 1: the Eligibility Criteria and Selection Procedure”.

Notes:

- a) This form must be typed **in English**, and submitted as an original document, with original signatures in all places specified.
- b) In addition to an individual registered nurse and/or registered midwife, a group of no more than four (4) registered nurses and/or registered midwives who have worked together **on the same specific project** for a period of time and for which the outcomes have significant implications for nursing practice, education, health care or further research, may be nominated. Achievements must be submitted as a group performance while personal data must be completed by each member.
- c) Nominations may be submitted by individual(s) or by organizations, referred to herein as sponsor(s).
- d) The National Nurses Association, The Nursing Council and the Department of Nursing at the Ministry of Health are the organizations at the country level who may be the sponsor.
- e) Each of these entities should be aware of and support or have no objection to the nomination.
- f) A Curriculum Vitae of the nominee(s) should be attached as per Annex 1.
- g) The names of the nominee(s) must be submitted to the nominee’s National/State Nursing Council (NNC) or National/State Regulatory Authority (NRA) for certification. Please see Part VI.
- h) Each Country could nominate only **ONE person** or **ONE group** for the Award.
- i) All forms and documents must be mailed to Princess Srinagarindra Award Foundation (PSAF) and received by PSAF **no later than May 31st, 2022**. Nomination forms and related documents can be sent in advance by email.

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PART I: THE NOMINATION

I/We hereby nominate for the Princess Srinagarindra Award 2022

(Typed name of nominee(s))

Please check one: individual sponsor or organizational sponsor

(Name of sponsor)

Relationship of sponsor to the nominee: _____

Address of sponsor: _____
(No.) (Street)

(City)

(State/Province/County)

(Post Code)

(Country)

Phone number:

Fax number:

(Country Code/Area Code/Number)

(Country Code/Area Code/Number)

Website:

Email address:

Signature of individual sponsor or authorized representative of organizational sponsor:

Signature

Date

(Typed name)

(Typed title)

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PART II: NOMINEE PROFILE

A. Nominee's Personal Data

Name: _____
(First Name) (Middle Name) (Family Name)

Preferred title: Mr. Mrs. Ms. Miss Dr. Other _____

Date of Birth: _____ Nationality: _____ Official Language: _____
(Month/Day/Year)

Home Address: _____
(No.) (Street)

_____ (City) (State/Province/Country)

_____ (Post Code) (Country)

Mailing address if different from home address:

_____ (No.) (Street)

_____ (City) (State/Province/Country)

_____ (Post Code) (Country)

Home Phone:

_____ (Country Code/Area Code/Number)

Home/office Fax:

_____ (Country Code/Area Code/Number)

Mobile phone:

Email address:

B. Nominee's Employment (if applicable):

Name of Organization: _____

Address: _____
(No.) (Street)

_____ (City) (State/Province/Country)

_____ (Post Code) (Country)

Office Phone:

_____ (Country Code/Area Code/Number)

Fax:

_____ (Country Code/Area Code/Number)

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PART III: SPONSOR STATEMENT

To be completed by the individual or organization making the nomination

Name: _____
(Individual or organization making the nomination)

In your view, please comment briefly on the reason for the nomination, including the nominee's work or contribution to the work, the outcome and the significant impact of the work for the development of the nursing and/or midwifery profession and improvement of the quality of life and health of the people. **One** additional page may be added.

Signature of individual sponsor or authorized representative of the organizational sponsor
(this must be the same person who signed in Part I):

Signature

Date

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PART IV: NOMINEE STATEMENT

State in concise terms the significant contribution or impact you have made, within the nursing and/or midwifery profession, and/or for the development of the nursing and or midwifery profession and quality of life and health of the people. **One** additional page can be added.

Please complete your Curriculum Vitae in Annex 1.

I/We hereby consent to have my/our nomination submitted for the Princess Srinagarindra Award

Signature

Date

Signature

Date

Signature

Date

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PATR V: OTHER ENTITIES AWARE OF/ SUPPORT OR HAVE NO OBJECTION TO THE NOMINATION

To be completed by the National Nursing/Midwifery Office, President of the Nursing/Midwifery Council or President of the Nurses' or Midwives' National Association (It must be signed by two organizations other than the nominating one, where these exist)

I have been informed about the nomination of _____
(Nominee's name)

by _____
(Name individual or organization sponsoring the nomination)

to receive the Princess Srinagarindra Award and have no objection.

Name (print) _____
(National Nursing/Midwifery Officer)

(Signature) _____

Date _____

Name (print) _____
(President of Nursing/Midwifery Council)

(Signature) _____

Date _____

Name (print) _____
(President of Nurses' or Midwives' Association)

(Signature) _____

Date _____

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PART VI: CERTIFIED STATEMENT

The application must be certified by National/State/Provincial Nursing Council (NNC) or National/State/Provincial Regulation Authority (NRA) who registered the nominee.

Name of the National/State/Provincial Council or National/State/Provincial Regulation Authority

Address _____
(No.) (Street)

_____ (City) (State/Province/Country)

_____ (Post Code) (Country)

Phone number: _____ Fax number: _____
(Country Code/Area Code/Number) (Country Code/Area Code/Number)

Website: _____ Email address: _____

We hereby certify that _____
(Name of nominee)

is a Registered Nurse and/or Registered Midwife and **a current member of our NNC or NRA or is retired or has resigned with good performance record.**

Signature of the President, Executive Director, or other duty authorized representative of the NNC or NRA.

Signature _____ *Date* _____

(Typed name) (Typed title)

All part of these forms must be completed in English, in full, signed where indicated, and returned to Princess Srinagarindra Award Foundation

to arrive no later than May 31st, 2022

Princess Srinagarindra Award Foundation (PSAF)

Nagarindharasri Building,

C/O Thailand Nursing and Midwifery Council C/O Ministry of Public Health

Tiwanon Road, Amphur Muang, Nonthaburi 11000,

THAILAND.