

The Princess Srinagarindra Award

Statute

Regulating the Princess Srinagarindra Award

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Article I

General Provisions

The Princess Srinagarindra Award, to be conferred as an international award on an individual registered nurse and/or registered midwife or on a 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 fields of Nursing, Midwifery and Social Services.

The Award shall be administered by, and under the auspices of the Princess Srinagarindra Award Foundation.

Guidelines for the administration of the Award, including the selection of awardees, are laid down in the following articles.

Article II

The Foundation

The Princess Srinagarindra Award Foundation is a private foundation duly constituted, chartered and registered under the Thai law with the avowed primary purpose of conferring the Princess Srinagarindra Award on an individual nurse or midwife or on a group of registered nurses and/or registered midwives for outstanding performance and/or research in the field of nursing for the benefit of mankind and for the wellbeing of the people.

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

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Article III The Award

The Award shall consist of a Shield, a Certificate and a sum of money as the prize.

In accordance with Article II above, the Award will normally be conferred each year on an individual nurse and/or midwife or on a group of registered nurses and/or registered midwives for excellence in the field of nursing and/or midwifery.

The Prize money shall be for the sum of US\$ 30,000 to be derived from income arising out of the endowments of the Foundation.

The selection of recipients of the Award shall be in accordance with the provision of Article IV.

Article IV The International Award Committee

There shall be the International Award Committee consisting of a number of world – renowned experts in the field of Nursing, who shall recommend name(s) of proposed awardees to the Board of Trustees of the Foundation for final approval.

The Committee may adopt its own procedures and shall be assisted by a panel of Scientific Advisors.

Article V Nomination and the Nominee

An individual registered nurse and/or registered midwife or a group of registered nurses and/or registered midwives may be nominated by national nursing authorities or by an individual or group of individuals in nongovernmental capacities, as candidates for the Award. Any one individual or group of individuals may sponsor only one nomination.

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The nominee must:

1. Hold the qualification of Registered Nurse and/ or Registered Midwife and be authorized to practice as a nurse or midwife in her/his own country;
2. Be a citizen in the country of the world.
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.

Article VI Screening

The nomination shall be transmitted by the Secretary – General of the Princess Srinagarindra Award Foundation to the Chairperson of the panel of Scientific Advisors for initial screening. The nomination forms shall, after having been initially screened, be forwarded to the International Award Committee which shall consider them and make recommendations to the Board of Trustees of the Foundation for its final approval.

Article VII Administration

The Award shall be administered by the Secretary-General of the Foundation who shall be responsible for:

1. Execution of the decisions concerning the administration of the Foundation within the scope of the charter of the Foundation and as decided by the Board of Trustees.

2. Execution of the decision taken by the International Award Committee and approved by the Board of Trustees.

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Article VIII Revision of the Statute

Revision of the present Statute may be made by the Board of Trustees, based on the motion of its members or on the recommendation of the International Award Committee approved or amended by the Board.

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INFORMATION & NOMINATION FORMS

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

The Princess Srinagarindra Award, an international award for an individual or group of registered nurses and/or registered midwives, was 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.

ELIGIBILITY CRITERIA

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; and
4. Have made the contribution(s) during the years immediately preceding the award or as a cumulative effort that continues to the present time.

INFORMATION

- a) The nomination form is available for an individual or a group nomination at the website <http://www.princess-srinagarindraaward.org>
- b) The nomination must be **typed in English**, and submitted as an original document, with original signatures in all places specified.
- c) The nomination must be submitted by individual(s) or organization(s), referred to herein as sponsor(s). The nominee cannot be a sponsor.
- d) The National Nurses Association, The National Nursing Council and/or The Department of Nursing, Ministry of Health may be the sponsor.

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- e) The National Nurses Association, The National Nursing Council and The Department of Nursing, Ministry of Health should be aware of and support or have no objection to the nomination.
- f) The name of the nominee(s) must be submitted to the nominee's National/State Nursing Council (NNC) or National/State Regulatory Authority (NRA) for certification (Part VI).
- g) A Curriculum Vitae of the nominee(s) should be attached to the form.
Please see Annex 1.
- h) Each Country must nominate only **ONE person** or **ONE group** for the Award.

The nomination form and related document(s) must be typed in English and submitted to the Princess Srinagarindra Award Foundation no later than 31st May 2023. The nomination forms and related documents can be sent in advance by email.

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,

The Office of Princess Srinagarindra Award Foundation

E-mail: psaf.rp@gmail.com

Tel: (662) 596-7580 Fax: (662) 965 9264, (662) 589-7121

Mailing address :

Thailand Nursing and Midwifery Council

Nagarindrasri Building, 3rd Floor, C/O Ministry of Public Health

Tiwanond Road, Amphur Muang, Nonthaburi 11000, THAILAND

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NOMINATION FORM for THE INDIVIDUAL

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

PART I: SPONSOR INFORMATION

I/We hereby nominate the following person for the Princess Srinagarindra Award 2023

(Typed name of nominee)

Please check one: ☐ individual sponsor or ☐ organization sponsor

(Name of sponsor)

Relationship of the 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: _____ Home/office Fax: _____
(Country Code/Area Code/Number) (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: _____ Fax: _____
(Country Code/Area Code/Number) (Country Code/Area Code/Number)

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PART III: SPONSOR STATEMENT

To be completed by the SPONSOR (individual or organization)

Name: _____
(Individual or organization making the nomination)

In your view, please comment briefly on the reason for the nomination, including the nominee work or contribution to the work outcomes 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: INDIVIDUAL NOMINEE STATEMENT

State in concise terms on 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 and the reasons for doing the work. **One** additional page can be added.

Please complete your Curriculum Vitae in Annex 1 as well.

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

Nominee's 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 Officer, President of the Nursing/Midwifery Council or President of the Nurses' or Midwives' National Association. It must be signed by at least 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 nominee must be certified by National/State/Provincial Nursing Council (NNC) or National/State/Provincial Regulation Authority (NRA) where the nominee registered to practice.

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 parts of the form must be typed in English and signed where indicated,

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INFORMATION & NOMINATION FORMS

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

The Princess Srinagarindra Award, an international award for an individual or group of registered nurses and/or registered midwives, was 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.

ELIGIBILITY CRITERIA

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; and
4. Have made the contribution(s) during the years immediately preceding the award or as a cumulative effort that continues to the present time.

INFORMATION

- a) The nomination form is available for an individual or a group nomination at the website <http://www.princess-srinagarindraaward.org>.
- b) The nomination must be **typed in English**, and submitted as an original document, with original signatures in all places specified.
- c) The nomination must be submitted by individual(s) or organization(s), referred to herein as sponsor(s). The nominee cannot be a sponsor.
- d) The National Nurses Association, The National Nursing Council and/or The Department of Nursing, Ministry of Health may be the sponsor.

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- e) The National Nurses Association, The National Nursing Council and The Department of Nursing, Ministry of Health should be aware of and support or have no objection to the nomination.
- f) The name of the nominee(s) must be submitted to the nominee's National/State Nursing Council (NNC) or National/State Regulatory Authority (NRA) for certification (Part VI).
- g) A Curriculum Vitae of the nominee(s) should be attached to the form.
Please see Annex 1.
- h) Each Country must nominate only **ONE person** or **ONE group** for the Award.

The nomination form and related document(s) must be typed in English and submitted to the Princess Srinagarindra Award Foundation no later than 31st May 2023. The nomination forms and related documents can be sent in advance by email.

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,

The Office of Princess Srinagarindra Award Foundation

E-mail: psaf.rp@gmail.com

Tel: (662) 596-7580 Fax: (662) 965 9264, (662) 589-7121

Mailing address :

Thailand Nursing and Midwifery Council

Nagarindrasri Building, 3rd Floor, C/O Ministry of Public Health

Tiwanond Road, Amphur Muang, Nonthaburi 11000, THAILAND

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THE NOMINATION FORM for A GROUP

A group is 2 – 4 nurses/midwives who share the same aim and work together in order to achieve outcome(s) and must demonstrate the impact of their work (with reference to the criteria of this award).

I/We hereby nominate the following persons who work as a group for the Princess Srinagarindra Award 2022

1. _____
2. _____
3. _____
4. _____

Please check one: ☐ individual sponsor or ☐ organizational sponsor

(Name of sponsor)

Relationship of sponsor to the nominees:

Nominee 1: _____

Nominee 2: _____

Nominee 3: _____

Nominee 4: _____

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: INDIVIDUAL PROFILE

For a Group Nomination, a **separate** profile (PART II) and curriculum vitae (Annex 1) of **EACH MEMBER OF THE GROUP** must be completed.

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

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 significant, outcomes and impact of the group's work on the development of the nursing and/or midwifery profession and improvement of the quality of life and health of the people. Please address only the work done as a group and the role/contribution of each nominee for the achievement **NOT** the work of each individual. **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: GROUP NOMINEE STATEMENT

State in concise terms the significant contribution or impact your group has 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. Please describe only the work of your group that is nominated for this Award. **One** additional page can be added.

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

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Princess Srinagarindra Award

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).

Please note that for a group nomination, an attestation must be made for each of the individual in the group.

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.

Please note that for a group nomination, an attestation must be made for each of the individuals in the group.

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.

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CURRICULUM VITAE

A. Full name of the nominee (in capital letters) as it appears in your passport or on your birth certificate.

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

B. Educational background: identify year education from of graduation, diploma(s)/degree(s), school/university, country. Please start with nursing and/or midwifery lowest to highest qualification.

C. Working experience: identify year, position, place of work. Please start from the current or latest work.

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D. Administrative position (if any), years in the position, name of workplace

Years	Position	Workplace

E. Awards: The year you received the award, name of the award, the award recognition (on what achievements), and organization giving the award.

Year	Name of the Award/recognition	In recognition of	Organization

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F. Research publication: List not more than 10 key research reports or publications.

A research report: identify name of author, year, title, place of printing, country.

An article: identify name of researcher, year of published, title of the article, name of the journal, journal number and pages.

G. Book publication: authors, year of publication, title of the book, city where the book was printed, name of printing company. (list not more than 5 key books)

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

to arrive no later than May 31.

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.