



KGH Smile Awards

Name of Nominee:

(If nominating a team please provide names of all team members)

Job Title or Team Title:

Department:

Reason For Nomination: Please provide your reason/s for nominating the individual/team in no more than 150 words. (Please feel free to use as few words as you like.) ***If this nomination has been received in writing from another person please attach a copy to this form to the letter, no need to complete the box below.***

Name of Nominator:

If this nomination has been received from another individual please state your name:

Address:

Signature:

Date:

All nomination forms must be returned to: Gail Meachem, Operational HR Department, Old School Of Nursing, Kettering General Hospital Foundation Trust, Rothwell Road, Kettering, NN16 8UZ

Date form received in the HR Department: ____/____/____

Month Awarded: ____/____

