**King’s Health Partners**

**Education Academy Awards 2019**

**Nomination form**

|  |  |
| --- | --- |
| Your name |  |
| Job title |  |
| Department |  |
| Email address |  |
| Phone number |  |
| Name of award category |  |

**Your nomination**

|  |  |
| --- | --- |
| Name (including title) |  |
| Job title |  |
| Department |  |
| Email address |  |
| Phone number |  |

**Please state how the person/team has demonstrated the criteria in no more than 200 words.**

|  |
| --- |
|  |

**Please return to** [**educationacademy@kcl.ac.uk**](mailto:educationacademy@kcl.ac.uk)

**CLOSING DATE 7 October 2019**