**INTERNATIONAL ACHIEVEMENT AWARD 2025**

Nomination Form

**PART I -** *(To be completed by the nominee)*

1. Name :

*(Family Name) (Given Name)*

2. Date of Birth:

*(Month/Day/Year)*

3. Address:

*(No.) (Street)*

*(City and post code) (State/Province and Country)*

Phone: Fax: Email:

1. Highest level of education:

5. Current Employment Position:

6. Member of ICN-NNA:

*(Name of NNA)*

*Please attach your curriculum vitae (no more than* ***one page)*** *to summarise your professional experience. Submissions of more than one typed page will not be accepted.*

**Declaration by the Nominee:**

I , declare all the above information to be accurate. I agree to be nominated for the International Achievement Award, and if chosen as a recipient, to give a public address and participate in related publicity.

Electronic Signature: Date:

**PART II –** *(To be completed by the nominating NNA) (See nomination criteria outlined on the back of this form)*

1. Name of NNA:

2. Select the domain of your candidate’s expertise in the following four nursing domains:

Direct care 🞏

Education 🞏

Management 🞏

Research 🞏

3. Describe the nominee’s expertise and qualities relative to the above-selected domain of nursing:

4. Describe the international impact achieved by your candidate **(*only statements not exceeding one page will be accepted*)**

**DECLARATION from the Nominating NNA:**

,

*(name of nominating NNA)*

certifies that

*(name of nominee)*

is a member of this Association and hereby nominates her/him for the 2025 FNIF International Achievement Award.

Electronic Signature of authorised representative of NNA:

Position in the Nominating NNA:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2025 INTERNATIONAL ACHIEVEMENT AWARD**

**Nomination Criteria**

1. Nominees must be practising nurses, with at least 10 years of nursing experience in one domain of nursing: direct care, education, management or research.
2. Nominees must have achieved significant impact internationally.
3. Nominees must be members of a national nurses’ association (NNA) in current membership (dues fully paid) of the International Council of Nurses (ICN).
4. Nominees must agree to be nominated, to deliver a public address on the occasion of the presentation of the award at an international nursing event and to participate in award publicity.
5. Nominations may be made by any NNA in paid-up membership with the International Council of Nurses.
6. There is no restriction on the number of candidates presented by each NNA as long as they fit the criteria.

**Nomination Checklist (please make sure you have completed all the following):**

Nomination form (Part I), filled out and signed by the nominee.

Nominee’s ***one-page*** curriculum vitae.

Nomination form (Part II) filled out and signed by the nominating NNA.

Nominating NNA’s ***one-page*** nominating statement.

**Completed forms must be emailed to** [**nursing@icn.ch**](mailto:nursing@icn.ch) **by 29 November 2024.**