**Clinical Trials BC Awards Nomination Application Form**

**Award Category**

**Please check one box only**

Clinical Trials BC Leadership Award

Clinical Trials BC Service/Support Award

**Nominee Information**

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| Name (required): Click or tap here to enter text. |
| Title (if applicable):Click or tap here to enter text. |
| Institution Affiliation (if applicable):Click or tap here to enter text. |
| Business Email Contact (required):Click or tap here to enter text. |
| Business Mailing Address (required):Click or tap here to enter text. |
| Phone Number (required):Click or tap here to enter text. |

**First Nominator**

|  |
| --- |
| Name (required): Click or tap here to enter text. |
| Title (if applicable):Click or tap here to enter text. |
| Institution Affiliation (if applicable):Click or tap here to enter text. |
| Business Email Contact (required):Click or tap here to enter text. |
| Business Mailing Address (required):Click or tap here to enter text. |
| Phone Number (required):Click or tap here to enter text. |

**Second Nominator**

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| --- |
| Name (required): Click or tap here to enter text. |
| Title (if applicable):Click or tap here to enter text. |
| Institution Affiliation (if applicable):Click or tap here to enter text. |
| Business Email Contact (required):Click or tap here to enter text. |
| Business Mailing Address (required):Click or tap here to enter text. |
| Phone Number (required):Click or tap here to enter text. |

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| Please describe the nominee’s significant accomplishments and relevant contributions to the to clinical trial leadership, service or support and describe why they deserve this award (250 words): |
| Click or tap here to enter text. |

**Please attach the following documentation below:**

A letter of recommendation from **each** nominator (2).

If the nominee is an organization/company/institution/project, please also include a description of mission, mandate, activities, size, successes and other relevant information, and any other material that supports the nomination.

*Please submit application forms with attachments together* ***by email*** *to the* ***Clinical Trials BC Awards Committee*** *(noted in subject header of email) at* [*CTBCawards*](mailto:clinicaltrialsbc@healthresearchbc.ca)*@healthresearchbc.ca by end of day* ***January 18, 2022.***

After submitting your nomination package, you should receive a confirmation email that the application has been received by Clinical Trials BC. If the confirmation of receipt has not been received after **3 days**, please get in touch with the Awards Committee Chair – Jean Smart at [jsmart@healthresearchbc.ca](mailto:jsmart@healthresearchbc.ca)