Application Form

**IBD Nurse Recognition Award 2020**

Dr Falk Pharma would like to invite IBD Nurses who care for patients with IBD to apply for a €1000 award in recognition of an innovation or activity that has led to an improvement in patient care. Applications should be emailed to **awards@drfalkpharma.co.uk**.

**Name of Health care setting:**

**Key contact for Project**

Name:

Correspondence address:

Role:

E-Mail:

Telephone (mobile no. required):

Name of Manager:

Indicate any other colleagues, depts. who were involved in the Project *(if applicable):*

**Title of your project:**

**Introduction and background** *(up to maximum of 50 words)*

Provide a background to your initiative /quality improvement to patient care

**Aims and objectives** *(Use bullet points - up to maximum of 50 words)*

Describe what you have achieved

**Methodology** *(Use bullet points - up to maximum of 50 words)*

Methods used to complete your project to include what measures were used

**Results** *(Use bullet points - up to maximum of 100 words)*

Outline the results of the project

**Conclusion** *(Use bullet points - up to maximum of 50 words)*

Outline the results of the project

**Why do you believe this project is has improved patient care.**
*(Use bullet points - up to maximum of 50 words)*

**Declaration**
*1. I state that, to the best of my knowledge, the information on this Application form is correct.*

Name       Date

*2. I confirm that this Application has the support of Manager / Sponsor within the organisation.
I am happy to validate the authenticity of the existence of the project on which an application is being made.*

Name

Position

Date

**I wish to apply for the Dr Falk Pharma Nurses Award 2019.**

Signed       Date