****

**NOMINATION FOR RPS PRE-REGISTRATION TRAINEE OF THE YEAR AWARD**

**NOMINATION ONLY**

Submitted by (including email address):

Nominee contact details

Full name:

RPS membership number (if applicable):

Contact Phone Number (incl. area code):

Email Address:

Place of work and job title:

The nomination will be expected to demonstrate one or more of the following criteria: -

* Has the entrant demonstrated an outstanding performance in their pre-reg year?
* Has the entrant made a difference to patients or the public?
* Have they demonstrated that their pre-reg year has made them an asset to pharmacy above and beyond what is normally expected?

500 words max

Please provide an overview of why you or your nominee should receive this award. This will be inserted in the Awards booklet.

100 words max