

Changemaker Awards Gold Application

Please complete this form then email to clareclark@nass.co.uk along with your supporting evidence

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| --- |
| Name |
|  |
| Job Title |
|  |
| Practice, Trust, Health Board or Organisation you work for |
|  |
| Email address |
|  |
| Three compulsory elements  |
| 1) |
| 2)  |
| 3) |
| Three additional elements from the categories |
| 1) |
| 2) |
| 3) |
| In relation to the presentations: |
| Date: |
| Audience reached (number, professions): |
| Title of presentation: |
| Any further information to support your application |