



Contribution To Practice Nursing Award 2019

THIS AWARD RECOGNIZES THE WONDERFUL CONTRIBUTION MADE BY THE INDIVIDUAL NURSE IN ANY AREA WITHIN PRACTICE NURSING. THIS MAY INCLUDE THEIR EFFORTS TO IMPROVING THEIR PATIENT CARE AND PATIENT EXPERIENCES, HOW THEY MAY HAVE CONTRIBUTED IN DEVELOPING ANY NEW ASPECTS OF THEIR PRACTICE NURSE SERVICES OR HOW THEY HAVE SUPPORTED THEIR COLLEAGUES OR ANY NEW MEMBERS TO THE ROLE OF PRACTICE NURSE.

The winner will be announced at the IPNA Conference on Friday 27th September 2019

All nominees will receive a silver brooch that depicts the IPNA logo.

The winner will have his/her name engraved on the IPNA Award, receive a gold brooch with the IPNA logo and will also receive an educational bursary of €1,000.



An IPNA Branch may nominate any **current member** from any branch.

Nominations must be typed on this Nomination Form and e-mailed to admin@irishpracticenurses.ie

Word limit for entries is 1,500.

Closing Date is strictly 31st July 2019

Receipt of entries will be confirmed by e-mail.
Posted entries cannot be accepted.

www.irishpracticenurses.ie

CHY 17932

PREVIOUS WINNERS

2018 Mary Finnegan IPNA Wicklow Branch

2017 Judith Jacob IPNA Kildare Branch

2016 Clare Nee IPNA Midlands Branch

2015 Margaret Clancy IPNA Kildare Branch

2014 Anne Marie Ellwood IPNA North Dublin Branch

2013 Karen Canning South Dublin Branch

2012 Catherine Kirrane IPNA Galway Branch

2010 Maureen Delaney IPNA Galway Branch

2009 Ann Mc Gill IPNA Donegal Branch

2007 Joan Pentony IPNA Louth/Meath Branch

2006 Ruth Taylor IPNA Cavan/Monaghan Branch

2005 Roisin Doogue IPNA Kildare Branch

2004 Pauline Kilcoyne IPNA Donegal Branch

2003 Breege Kirby IPNA Donegal Branch

2002 Margaret O Connor IPNA Kerry Branch

NAME OF NOMINEE:

NOMINEE'S BRANCH:

NOMINATING BRANCH:

IMPROVING PATIENT CARE AND PATIENT EXPERIENCES

(Please give examples)

Enter text here...

**CONTRIBUTIONS TO DEVELOPING NEW ASPECTS OF
PRACTICE NURSE SERVICES**

(Please give examples)

Enter text here...



**SUPPORT OF COLLEAGUES/NEW MEMBERS TO PRACTICE
NURSES**

(Please give examples)

Enter text here...

**ADDITIONAL INFORMATION FROM NOMINEE/ PATIENT
TESTIMONY (optional)**

Enter text here...

**ADDITIONAL INFORMATION FROM GP EMPLOYER
(optional)**

Enter text here...

