**Lincolnshire Care Awards 2019**

**Nomination Form**

Category:

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| **Nominee** | **Nominator** |
| Name: | Name: |
| Telephone no:Email: | Telephone no:Email: |
| Job Title: | Job Title: |
| Organisation: | Organisation: |

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| In no more than 300 words please state why you think the nominee should win the award.*In addition to the Specific criteria, also please include the following information:What makes this person/organisation stand out from the others?What does this person/organisation do that demonstrates exceptional or outstanding ability, knowledge, skills and the commitment that would make them worthy of an award?**You may use testimonials from service users, pictorial evidence, projects, or any other evidence in support of your nomination*. |

*Please ensure all details are complete and that you select the award you are nominating a person or team for. Please note, if the nominee is being entered for more than one category then a separate nomination form must be completed for each entry.****Please return you nomination form to*** DanielleBradford@linca.org.uk ***or post to Lincolnshire Care Association, Greetwell Place, 2 Lime Kiln Way, Greetwell Road, Lincoln, LN2 4US***