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*Make A Difference Everyday*

**Oxfordshire Care Awards 2018 Nomination Form**

*One entry form per nomination. All fields must be completed.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category of Award being entered** (please tick one only) | | | | | | | | |
| Newcomer to Care Award |  | Care Home Worker Award | | | | | |  |
| Care Employer Award |  | Home Care Worker Award | | | | | |  |
| Registered Manager Award |  | Community Services Worker Award | | | | | |  |
| Oxfordshire Hero Award |  |  | | | | | | |
| **Name of person completing this form** | | |  | | | | | |
| **Name of Nominee** | | |  | | | | | |
| **Name of Nominee’s employer** | | |  | | | | | |
| **Is the person completing this form…** | | | | | | | | |
| * A colleague? | | |  | | | | | |
| * Related to the Nominee? | | |  | | | | | |
| * A client of the Nominee? | | |  | | | | | |
| * Other relationship (please specify) | | |  | | | | | |
| Have you informed the Nominee of their nomination? | | | | Yes |  | No |  | |

**Statement of nomination** (maximum of 400 words)

Your statement should describe why you think the Nominee should win the Award. Please refer to the *Judging Criteria* on the *Entry Guidance*.

No other supporting materials will be considered except testimonials.

An additional typed testimonial from a colleague and/ or/ service user and/ or/ family carer (maximum 1 A4 sheet per testimonial) is desirable.

Please make sure that the name of the Nominee, their Employer and the Award Category is included on all supporting information.

Attach all pieces of supporting information to this entry form and post to:

*OACP | 9/ 10 Napier Court | Barton Lane | Abingdon | OX14 3YT*

Or send by email to: [jane.wood@oacp.org.uk](mailto:jane.wood@oacp.org.uk). *We will acknowledge all submissions.*

**Deadline** **for Nominations:** 4pm, Friday 9th March 2018

*Any nominations received after this time will not be considered or acknowledged.*

**Statement of nomination** (maximum of 400 words)