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| **BASO~The Association for Cancer Surgery**  at The Royal College of Surgeons of England  38-43 Lincoln’s Inn Fields, London WC2A 3PE  Telephone 020 7869 6854 | Email [admin@baso.org.uk](mailto:admin@baso.org.uk) | [www.baso.org.uk](http://www.baso.org.uk) |  |

**BASO Medal of Excellence in Surgical Oncology**

**NOMINATION FORM**

Submission Opens: tbc Submission Closes: tbc

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| SECTION 1: NOMINATOR DETAILS |

NOMINATOR 1 Details

|  |  |  |
| --- | --- | --- |
| **Title:** | **Name:** | **Surname:** |
| **BASO Membership Number:** | **Email:** | **Telephone:** |
| **Title of Current Position:** | **Organisation:** | |

NOMINATOR 2 Details

|  |  |  |
| --- | --- | --- |
| **Title:** | **Name:** | **Surname:** |
| **BASO Membership Number:** | **Email:** | **Telephone:** |
| **Title of Current Position:** | **Organisation:** | |

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SECTION 2: NOMINEE or Team Leader Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** | **Name:** | | **Surname:** |
| **BASO Membership Number:** | **Email:** | | **Telephone:**  (optional) |
| **Title of Current Position:** | **Organisation:** | | |
| **Accredited Specialties:** (Main First) | | | |
| **Primary Medical Qualification:**  (Date & Institution) | | **Subsequent Qualifications:**  (Date & Institution) | |

T DETAILS

If nominating a Team, please provide the summary of team members:

1. Full Name Grade/ Position
2. Full Name Grade/ Position
3. Full Name Grade/ Position
4. Full Name Grade/ Position

**STATEMENT IN SUPPORT OF NOMINATION**

*Give up to three examples of areas of outstanding contributions (upto 500 words) describing the reason/s for nominating the individual or team with their achievements, etc.*

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| --- |
| *Type here..* |

**LAY Person NOMINATION: is preferable**

|  |  |
| --- | --- |
| **Full Name (Lay Person):** | **Email Address:** |
| *Give up to three examples of areas of outstanding contributions (upto 500 words) describing the reason/s for nominating the individual or team with their achievements, etc.* | |
| *Type here…* | |

SECTION 3: Declaration

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| --- |
| **I declare that to the best of my belief this information is accurate.**  **Signature of Applicant:** ...................................................... **Date:** ................................................................... |

Please return the application and supporting documents by (DATE TBC)to:

**BASO~ACS Office**

**@ The Royal College of Surgeons of England**

**38-43 Lincoln’s Inn Fields, London WC2A 3PE**

**Email: admin@baso.org.uk**

The application should comprise:

1. This form, completed in typescript.
2. A short biography of the nominee and photograph of the candidate and CV.

Any queries should be directed to the above address or by email to the Association Manager at rattandeepjhita@baso.org.uk.

**The information supplied will be circulated to the assessors and be available to members of the Selection Committee. It will be held in accordance with the Data Protection Act 1998.**

*dp-padlockData Protection. The personal data submitted on this form will be used by the BASO~ACS for work on grant application assessment and will be held on the Association’s database for future reference and in accordance with the Data Protection Act 1998 and GDPR. Our Privacy Notice can be viewed at www.baso.org.uk*