**GS1 Healthcare Provider Recognition Award**

***Application Form***

**NOMINATION FORM**

The Healthcare Provider Recognition Award recognises an individual who has contributed extensively to furthering GS1 Healthcare's work in a healthcare provider environment.

The winner receives funding for travel to the next global GS1 Healthcare Conference and the opportunity to present his/her experiences implementing GS1 standards during the same (travel: economy flights, hotel, transfers/taxis to/from venue, meals).

**CRITERIA**

Nomination for the GS1 Healthcare Provider Recognition Award is ONLY open to individuals within provider organisations (i.e. hospitals, clinics, care homes, retail and hospital pharmacies).

Using this Application Form GS1 Member Organisations (MOs) and/or GS1 Global Office (GO) Healthcare (HC) or Industry can nominate individuals within provider organisations (‘nominee’) for the GS1 Healthcare Provider Recognition Award.

**Mandatory:** The nominee has implemented GS1 Standards for at least ONE business or clinical process in their hospital/clinic/care home/pharmacy/department with clear and demonstrable return on investment (ROI) and/or impact on patient safety.

**Mandatory:** Recognised as GS1 Standards advocate (locally, regionally or internationally).

**Optional:** Active participation in GS1 Standards development work, e.g. participation as member OR (co)-chair in GS1 Global Standards Management Process (GSMP) Work Group(s).

**SUBMISSION DEADLINE**

Submissions should be received by June 30st OR December 31st in any calendar year.

**ADDITIONAL INFORMATION**

For additional information, please contactEls van der Wilden – [els.vanderwilden@gs1.org](mailto:els.vanderwilden@gs1.org)

**NOMINATOR (GS1 MO / GS1 GO HC / INDUSTRY) DETAILS**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Dr…) |  |
| First Name |  |
| Last Name |  |
| Organisation |  |
| Job Title |  |
| Address |  |
| City |  |
| County/State |  |
| Post Code |  |
| Country |  |
| Tel. No. |  |
| Cell/Mobile No. |  |
| eMail Address |  |

**NOMINEE DETAILS** (if different from above)

|  |  |
| --- | --- |
| Title (Mr, Mrs, Dr…) |  |
| First Name |  |
| Last Name |  |
| Job Title |  |
| Organisation Name |  |
| Address |  |
| City |  |
| County/State |  |
| Post Code |  |
| Country |  |
| Tel. No. |  |
| Cell/Mobile No. |  |
| eMail Address |  |

**DETAILS OF NOMINEE’S ORGANISATION**

**Type of organisation *(please, select one)***

|  |  |
| --- | --- |
| Public Hospital |  |
| Private Hospital |  |
| Public Clinic |  |
| Private Clinic |  |
| Public Care Home |  |
| Private Care Home |  |
| Public Hospital Pharmacy |  |
| Private Hospital Pharmacy |  |
| Retail Pharmacy |  |
| Other (please, specify) |  |

**Overview of nominee’s organisation and description of activity**

|  |  |
| --- | --- |
| Year Organisation was established |  |
| No. or Beds |  |
| No. of Staff/Employees |  |
| Annual Turnover |  |

**RATIONALE FOR NOMINATION**

In 200-400 words please explain why you are nominating this organisation/department/person for this award.

For example:

1. *He/She has been involved in GS1 Healthcare activities since YYYY*

*2. He/She is a GS1 advocate*

*3. He/She has attended most of the global GS1 Healthcare Conferences, including using annual leave entitlement*

*4. He/She has been a member of AND/OR co-chair of GS1 Healthcare work groups (List)*

*5. He/She has been key to the implementation of GS1 standards in her organisation/department*

*6. He/She continues to drive implementation in her organisation/department*

*7. He/She supports her local MO (name) in their efforts*

*8. He/She is passionate about GS1 standards and the benefits they can bring/are bringing to patient safety*

|  |
| --- |
| **RATIONALE FOR NOMINATION**  Please add any other information that is considered relevant to this nomination, including related presentations, reports, articles etc. |

**WHAT TO DO NOW THE APPLICATION FORM IS COMPLETE:**

**GS1 Member Organisation:**

Ensure the application is approved and signed by MO (e.g. Chief Executive Officer; Head of Healthcare)

**Local MO Name: GS1 (add…)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Global Office Healthcare Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Industry Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name approver (e.g. MO; GO HC; Industry): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Send signed application to GS1 GO HC by email only: (**[**els.vanderwilden@gs1.org**](mailto:els.vanderrwilden@gs1.org)**) along with any supporting documentation/attachments**

**On receipt of the application by GS1 Healthcare**

1. Ensure the application has been signed by Nominating MO/GO/Industry
2. Send the completed application form to the HPAC Recognition Approval Team (including the Senior Vice President for Healthcare) who will:
3. Meet F2F or virtually to discuss and make the award decision
4. Invite the nominator to present the nomination (optional)
5. Agree to communicate the decision to the nominator
6. The nominator notifies the nominee (winner) of the award
7. GS1 GO liaises with the winner to:
8. Arrange the paid trip\* to the next global GS1 Healthcare Conference
9. Schedule the presentation of winning case study at next the global GS1 Healthcare Conference

*\* Economy flights, hotel, transfers/taxis to/from venue, meals*