GS1 Healthcare Provider Recognition Award

Application Form

**CRITERIA**

* Nomination for the GS1 Healthcare Provider Recognition Award is ONLY open to Provider Organisations (i.e. hospitals, clinics, care homes, retail and hospital pharmacies) or departments or individuals within provider organisations
* GS1 Member Organisations (MOs) and/or GS1 Global Office (GO) Healthcare (HC) can nominate provider organisations or departments or individuals within provider organisations (‘Nominee’) for the GS1 Healthcare Provider Recognition Award; using this Application Form.
* The nominee has implemented GS1 Standards for at least ONE process in their hospital/clinic/care home/pharmacy/department with clear and demonstrable Return on Investment (ROI)
* Active participation in GS1 Standards development work, e.g. member and attendance OR Co-Chair and attendance of GS1 Global Standards Management Process (GSMP) Work Groups
* Recognised as GS1 Standards advocate (locally or regionally or internationally)

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

**PRIZE**

* Expenses paid trip\* to a future GS1 Healthcare Global Conference

**NOMINATOR DETAILS**

|  |  |
| --- | --- |
| Title (Ms, 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 |  |

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

|  |  |
| --- | --- |
| Title (Ms, 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 (select one)**

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

**Overview of Nominee’s Organisation and Description of Activity**

|  |  |
| --- | --- |
| Year Organisation Established |  |
| No. or Beds |  |
| No. of Staff/Employees |  |
| Annual Turnover or Operating Budget |  |

**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 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 were considered relevant to this nomination, including related presentations, reports, articles etc. |

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

**GS1 Member Organisation:**

1. Ensure the application is approved and signed by MO (e.g. Chief Executive Officer)
2. Send signed application to GS1 GO HC ([els.vanderwilden@gs1.org](mailto:els.vanderwilden@gs1.org)) along with any supporting documentation/attachments

**Local MO Name** (e.g. GS1 France)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name MO approver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**On receipt of nomination by GS1 GO HC (OR if nomination is by GO HC)**

1. Ensure the application has been signed by GS1 MO
2. Ensure the application is approved and signed by GS1 GO HC Vice President (below)

**GS1 GO HC Vice President Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. Send completed and approved application form to HPAC Award Review Team (ART)who will:
2. Meet Face-to-Face (F2F) or virtually to discuss and make Recognition Award decision
3. Invite Nominator to present nomination to the HPAC ART (Optional)
4. Communicate decision to Nominator
5. Nominator notifies Nominee (Winner) of Recognition Award
6. GS1 GO HC liaises with winner
7. To arrange Expenses paid trip\* to a future GS1 Healthcare Global Conference

*\* Economy flights, Hotel, Transfers/Taxis to/from venue, Meals*