**EMERGENCY CARE SOCIETY OF SOUTH AFRICA**

**ANNUAL RESEARCH AWARDS**

**NOMINATION FORM**

*\*Please complete his document electronically, then sign and scan or send the original with electronic signatures.*

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| --- | --- |
| **Nominator Details** | |
| *Name:* |  |
| *Email Address:* |  |
| *Cell or Other Tel Number:* |  |
| *Motivation:* |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nominee Details** | | | | | | | | | |
| *Name:* |  | | | | | | | | |
| *Affiliation:* |  | | | | | | | | |
| *Category: (X)* | Undergraduate |  | Masters |  | Doctoral |  | Non-qualification |  |  |
| *Research Title:* |  | | | | | | | | |

*Nomination for the above by the nominator has been discussed with the nominee, and the nominee by signing below with the nominator accepts this nomination and any consequences thereof.*

Nominator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*ALL NOMINATIONS MUST BE ACCOMPANIED BY A COPY OF THE RESEARCH IN*

*PORTABLE DOCUMENT FILE (PDF) FORMAT*

Nominations must be received by **31 March 2020**. Please email nomination documents to [president@ecssa.org.za](mailto:president@ecssa.org.za).