#royalpodawards #royalpodfellows

**  
 For which award is the individual being nominated?**

(Please mark with an X).

|  |  |  |  |
| --- | --- | --- | --- |
|  | The Royal College of Podiatry Award |  | Honorary Fellowship |
|  | Academic Award |  | Diamond Award |
|  | Innovation Award |  | Alf Morris Award |
|  | Gold Medal Award |  |  |

**Please provide details of the person/group being nominated:**

|  |  |
| --- | --- |
| Name of person/group being nominated: |  |
| Address for correspondence: | Postcode: |
| Email address: |  |

**Please provide details of the person/group being nominating:**

|  |  |
| --- | --- |
| Name of person/group/branch nominating: |  |
| Address for correspondence: | Postcode: |
| Email address: |  |
| Telephone (Day): | Telephone (Mobile): |

|  |
| --- |
|  |

**Please state clearly why you think this nominee should receive this award. Please include specific   
examples, continuing on a separate page if necessary. Please attach any written supporting evidence   
if available (no CVs, please). Please read guidance notes within this document.**

**A white and black sign

Description automatically generated with low confidence   
  
 You must provide the names and addresses of two referees who will support your nomination.**

Please can the reference text be included either in the space provided, or as a separate attachment with  
this application form.

**FIRST REFEREE**

|  |  |
| --- | --- |
| Name (Including title): |  |
| Address: | Postcode: |
| Email address: |  |
| Reference: | |

**SECOND REFEREE**

|  |  |
| --- | --- |
| Name (Including title): |  |
| Address: | Postcode: |
| Email address: |  |
| Reference: | |

**Signed by nominator ………………………………………….**

**Date: ………………………………………….**

