

**SAPHNA 2024 Student Award Nomination Form**

The student submission must be made using the SAPHNA submission form. Only those submissions using the SAPHNA form will be accepted for entry to the Award. Please send completed forms and poster design to info@saphna.co

**Name of HEI and Department providing the SCPHN programme and declaration of cohort size**

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| HEI Name: Click or tap here to enter text. Department Name:Click or tap here to enter text.  SCPHN-School Nurse Cohort size:Click or tap here to enter text. |

**Full name, contact details and signature of the student**

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| Student full name:Click or tap here to enter text.  Contact email: Click or tap here to enter text. Contact telephone number:Click or tap here to enter text.  Signature of student: |

**Full name, contact details and signature of the supporting academic/practice teacher**

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| Supporting Lecturer/Practice Educator full name:Click or tap here to enter text.  Contact email: Click or tap here to enter text. Contact telephone number:Click or tap here to enter text.  **Disclaimer: I confirm that poster & abstract are the student’s own work and have not been submitted elsewhere** Yes  Signature: |

**Title of student poster**

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| Click or tap here to enter text. |

**Poster abstract written by the student (max 350 words)**

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| Click or tap here to enter text. |

\*a pdf poster designed and prepared by the student (attachment to upload)