

Dr Vishna Rasiah Award Nomination – WM School of Paediatrics

Name of Nominator:	
GMC number:	
Hospital address:	
Email contact details:	

Please see below my nomination for the Dr Vishna Rasiah Award

Trainee name:	
Trainee GMC number:	
Reason for Nomination (maximum 250 words)	

Nominator signature – I confirm that I support this submission	
Print Name	
Signature	

FOR ADMINISTRATIVE USE ONLY

Date Received:

☐ Coversheet ☐ Signed by Consultant