**AMA Public Health Awards 2020**

**Nomination Form**

**AMA Woman in Medicine Award**

**Nominations close COB Thursday 23rdApril 2020**

|  |
| --- |
| Details of the Nominee |
|  |  |  |  |  |
| Full Name |  | Contact number |  |
|  |  |  |
| Address |  | City, Postcode |
|  |  |  |
| Email |  |  |

|  |
| --- |
| Details of person making the nomination |
|  |  |  |  |  |
| Full Name |  | Preferred contact number |  |
|  |  |  |
| Address |  | City, Postcode |
|  |  | Are you a current AMA member? |
| Email |  | * Yes, member number:
* No
 |

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| --- |
| Supporting statement |

Please provide a short statement addressing the nominee’s suitability against the award criteria.