



## The John Pratt Award Nomination Form

<b>Name of nominee:</b>
<b>Volunteer role within FOYH:</b>
<b>Years volunteering with FOYH:</b>
<b>Please state in under 50 words why this person should be considered for The John Pratt Award:</b>
<b>Signature of nominator:</b>
<b>Name:</b>
<b>Date:</b>
<b>Signature of nominee:</b>
<b>Name:</b>
<b>Date:</b>
Please complete this nomination form and return to:  <a href="mailto:Contact.us@foyh.org.uk">Contact.us@foyh.org.uk</a> or post to - Friends of York Hospitals, York Hospital, Wigginton Road, York. YO31 8HE

**For office use:**

<b>Date received:</b>
<b>Date of meeting where considered by Trustees:</b>
<b>Approved: Rejected:</b>
<b>Summary of decision:</b>
<b>Nominator informed of decision – date:</b>
<b>Signature:</b>  <b>Name:</b>  <b>Date</b>