

# Employee Recognition Programme Nomination Form



Nominee Details	
<b>Name of Nominee:</b>	
<b>Department:</b>	
<b>Grade/Job Title:</b>	
<b>Contact Details:</b>	

Nominator Details	
<b>Name:</b>	
<b>Department:</b>	
<b>Grade/Job Title:</b>	
<b>Contact Details:</b>	

Criteria	Tick Applicable
Going above and beyond within their role	
To acknowledge acts of kindness to patients/colleagues	
<b>Please consent to us sharing the form with your nominee</b>	

To submit your nomination, please email this form to [employeerecognition@rotunda.ie](mailto:employeerecognition@rotunda.ie) or in person via the Human Resources Department

**Please provide details on why your nominee should be considered for a monthly recognition award**

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>To be completed by Employee Recognition Programme Committee</b>	
<b>Reviewed by :</b>	
<b>Date:</b>	
<b>Outcome/Comments:</b>	

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