**THE CHIRON MEDAL NOMINATION FORM**

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| Name of Candidate: | Email address: |

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| Telephone Number (work): |
| Employment Status [e.g. Consultant Physician, Staff Grade Doctor etc]: |
| Place of employment: |
| Speciality: |
| Details of formal training responsibilities where applicable [e.g. Training Programme Director, Educational Supervisor etc]: |
| Time allocated in Job Plan for training (where appropriate and known): |

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| Does the candidate know about this nomination: **YES/NO**  |

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| Please state in 300 words why you consider the candidate has made an exceptional contribution to training, commenting as appropriate on:a) Personal commitment to trainingb) Innovation in training methodsc) Empathy with traineesd) Proficiency in practical training and/or teaching |

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| Please summarise in 300 words the impact the candidate has had on training in their locality: |

Details of nominating student, trainees or trainers (must be RCPE Member or Fellow)

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| --- |
| Name: |
| Employment Status: |
| RCPE Membership No.: |
| Email: |

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| Name: |
| Employment Status: |
| RCPE Membership No.: |
| Email: |

If the person you have nominated is successful, their contact information will be sent to our External Relations team for marketing purposes.

Please email this form to memberdev@rcpe.ac.uk to arrive no later than **9.00am on Monday 30th June 2025.**

You can also call **0131 247 3652** if you have any queries.