**Union Européenne des Médecins Spécialistes**

**European Union of Medical Specialists**

**SECTION OF PSYCHIATRY**



**Psychiatry Excellence Awards Application Form**

**Personal Information:**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Professional Affiliation:**

**Institution/Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National Psychiatric Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Please include a letter of support from your NPA with your application. This may be digital, in email format.

**Please provide a brief explanation of your initiative and how it demonstrates alignment to the UEMS Section of Psychiatry’s vision and mission. (Max 300 words)**

**Please demonstrate how this initiative ultimately leads to better outcomes for patients. (Max 300 words)**

By submitting this nomination, you affirm that the information provided is accurate to the best of your knowledge.

Please submit this nomination form and any accompanying materials by **15 December 2024** to Sam Smith (samuel.smith@rcpsych.ac.uk), UEMS PS Administrator.