



2018 RCSI Bahrain Intern Award Nomination Form

Intern Information

Intern Full Name:	
Organization/Hospital:	
Department:	

Evaluator Information:

Please Type

Intern				
	Full Name	Title/ Position	Department	Email Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Chief Resident / Consultant				
	Full Name	Title/ Position	Department	Email Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Co-Workers (Nurses)				
	Full Name	Title/ Position	Department	Email Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Please complete and submit electronically no later than Wednesday 1st March 2017.