



## 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 Thursday 1<sup>st</sup> March 2018.