

Candidature for the Nelson Mandela Award for Health Promotion

Part I-b: For candidature of an institution or organization

This section should NOT be completed where an individual is being nominated as a candidate for the Award.

Institution or organization name:		
Address of headquarters:		
Name of Chief Executive Officer:		
E-mail address(es):		
Telephone number(s) <i>(include country and city codes):</i>		
Date of establishment of institution or organization:		
Website <i>(if applicable):</i>		
Statutory purpose(s) and mission <i>(up to 100 words):</i>		
Legal form and governance <i>(up to 100 words):</i>		
<p>Please indicate the entity type</p> <p> <input type="checkbox"/> Non-governmental organization <input type="checkbox"/> Academic Institution <input type="checkbox"/> Philanthropic foundation <input type="checkbox"/> Government institution/organization <input type="checkbox"/> Other, please describe: </p>		
Main activities <i>(up to 100 words):</i>		
Membership and affiliations <i>(if applicable):</i>		
Main sources of funding <i>(up to 100 words):</i>		
Awards and honours:		
Date <i>(dd.mm.yyyy)</i>	Awarding body	Name of Award

Part II: Justification for nomination of the candidate

1. Please give details of outstanding work and achievements as a health promoter which would qualify the candidate for the Award and that extend far beyond the call of normal duties. Attach other sheets if necessary.

2. If you wish to provide additional relevant documentation in support of the application (maximum of 20 pages in total), please provide a list of attached documents here:

Submitted by: National health administration of a WHO Member State
 Former recipient of the Award

Name and address of the national health administration or the former recipient of the Award submitting the application:

Name and title of the authorized representative of the national health administration or the former recipient of the Award, as applicable (please type or write as capital letters):		
Email of the signatory:		
By signing this form, the signatory confirms that he/she is authorised to sign on behalf of the national health administration or the former recipient of the Award, as applicable: <input type="checkbox"/>	Signature:	Date:

Note: should the signatory not be able to type his/her name, please indicate the typed name either in a Word version of the candidature form, or in the accompanying Note Verbale.