

Candidature for the Nelson Mandela Award for Health Promotion

Part I-a: For candidature of an individual

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

| Personal information | | | |
|----------------------|------------------|------------|--|
| First names: | | Last name: | |
| Address: | | | |
| Nationality: | | | |
| Date of birth: | Gender: 🗌 Female | 🗌 Male | |

| Contact details |
|---|
| Email(s): |
| Felephone number(s) (include country and city codes): |
| Fax: |
| Nebsite (if available): |

| Qualifications (Give full details in reverse chronological order, starting with most recent qualification) | | | |
|--|-------------|------------------------|--|
| Date (dd.mm.yyyy) | Institution | Qualification obtained | |
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| Positions held (Give details in reverse chronological order, starting with current position) | | |
|--|----------|--|
| Date (dd.mm.yyyy) | Position | |
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| Awards and honours (including fellowships) Date (dd.mm.yyyy) Awarding body Name of Award | | | |
|--|---------------|---------------|--|
| Date (dd.mm.yyyy) | Awarding body | Name of Award | |
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This section should NOT be completed where an individual is being nominated as a candidate for the Award.

| Institution or organization name: | | | |
|--|---|-----------------------------|---------------|
| Address of head | Address of headquarters: | | |
| Name of Chief Ex | Name of Chief Executive Officer: | | |
| E-mail address(es | 5): | | |
| | er(s) (include country and city codes): | | |
| | ment of institution or organiza | tion: | |
| Website (if applic | | | |
| Statutory purpos | e(s) and mission (up to 100 words). | : | |
| | | | |
| Legal form and g | DVernance (up to 100 words): | | |
| Please indicate the | ne entity type | | |
| 🗌 Non- | governmental organization | Academic Institution | |
| 🗌 Phila | nthropic foundation | Government institution/orga | nization |
| 🗌 Othe | r, please describe: | | |
| Main activities (u | | | |
| Membership and affiliations (if applicable): | | | |
| Main sources of funding (up to 100 words): | | | |
| Awards and hone | ours: | | |
| Date (dd.mm.yyyy) | Awarding body | | Name of Award |
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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 <u>or</u> 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: | 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.

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