



Candidature for the Sasakawa Health Prize

Part I-a: For candidature of an individual

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

Personal information	
First names:	Last name:
Address:	
Nationality:	
Date of birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

Contact details
Email(s):
Telephone number(s) <i>(include country and city codes)</i> :
Fax:
Website <i>(if available)</i> :

Qualifications <i>(Give full details in reverse chronological order, starting with most recent qualification)</i>		
Date <i>(dd.mm.yyyy)</i>	Institution	Qualification obtained

Positions held <i>(Give details in reverse chronological order, starting with current position)</i>	
Date <i>(dd.mm.yyyy)</i>	Position

Awards and honours <i>(including fellowships)</i>		
Date <i>(dd.mm.yyyy)</i>	Awarding body	Name of Award

Part I-b: For candidature of an institution or a non-governmental organization (NGO)

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

Institution or NGO 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 NGO:		
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>		
Please indicate the entity type		
<input type="checkbox"/> Non-governmental organization		
<input type="checkbox"/> Academic Institution		
<input type="checkbox"/> Philanthropic foundation		
<input type="checkbox"/> Government institution		
<input type="checkbox"/> Other, please describe:		
Note: The candidate must be established as a separate entity through statutes or incorporation documents. Departments, programmes or bodies within a Ministry of Health, for example, are ineligible.		
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 innovative work and achievements of the candidate in health development, such as the promotion of given health programmes or notable advances in primary health care, for the Prize and that extend far beyond the call of normal duties. Attach other sheets if necessary.

Empty box for providing details of outstanding innovative work and achievements of the candidate.

2. Please outline how the candidate meets the selection criteria set out in the [Guidelines](#) for the Prize.

3. Please provide details about how the award funds will be used to further develop the work described in the previous sections:

4. 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: <input type="checkbox"/> National health administration of a WHO Member State		
<input type="checkbox"/> Former recipient of the Prize		
Name and address of the national health administration <u>or</u> the former recipient of the Prize submitting the application:		
Name and title of the authorized representative of the national health administration <u>or</u> the former recipient of the Prize, 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 <u>or</u> the former recipient of the Prize, 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.