

PATIENT NOMINATION FORM



Dear Patient / Visitor

This programme recognises and celebrates staff from across the Hospital, not just the Doctors and Nurses who care for patients. This award is for a staff member that supports the Hospital ethos of ***People Caring for People***, making a positive impact and going above and beyond in their care of you “or loved one” – the patient.

On behalf of the Hospital, I would like to ask you to nominate a member of staff who made a real difference during your time in the Hospital. A person that showed to you the finer ideals of caring, through extraordinary service to you and or your family. Someone who has gone beyond what you would expect in your care or what a family member expected, delivering an ‘exceptional patient experience’. There is a simple form to fill out on the other side of this page. Thank You in advance for taking the time to do so.

A handwritten signature in black ink, appearing to read 'DS'.

David Slevin
Chief Executive Officer
Tallaght Hospital



The Name of the Staff Member you are nominating
is:

Department / area they work in:

The reason you are nominating them is:

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Your Name:.....

Address:.....
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Contact number:

Email Address if you have one:
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DEADLINE FOR APPLICATIONS IS April 11th 2018

Please return this form to Postal Box marked "Tallaght Heroes" at Main Reception