

## Dean's Award for student nominated Clinical Mentor of the Year

### NOMINATION FORM

The Dean of the Faculty of Health Sciences wishes to present a token of appreciation and acknowledgment to a Clinical Mentor whom you believe has given most to your learning as a student of the Faculty. This is entirely in the hand of the Faculty's students. You decide who that Clinical Mentor should be and why. The nominated Clinical Mentor should be a clinical health professional who is mentoring/supervising students on clinical/fieldwork placements as part of the Faculty of Health Sciences course programmes.

Please nominate a Clinical Mentor whom you think deserves this award. It is important that the nominee does not learn of the nomination as this may lead to disqualification. Complete this form and deliver to: The Dean, Room 4, Faculty of Health Sciences, University of Malta. You may also send a scan of the complete form to the Dean's personal assistant, Ms Marthese Gauci, at the following email address: [marthese.gauci@um.edu.mt](mailto:marthese.gauci@um.edu.mt)

Please note that all the information contained within the form will be treated as confidential.

#### How to nominate

Any student registered with the Faculty of Health Sciences may submit a nomination form.

Incomplete forms will not be considered.

Send your completed form to:

The Dean Room 4, Faculty of Health Sciences, University of Malta Msida Tel: 23401851 Email: <a href="mailto:marthese.gauci@um.edu.mt">marthese.gauci@um.edu.mt</a>
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**Applications close: Friday 27<sup>th</sup> May 2022**

**Nominee Details:**

Name and Surname:
Nominee's Faculty Department:
Academic Year the clinician mentors in: (eg. 1 <sup>st</sup> year, 2 <sup>nd</sup> year, 3 <sup>rd</sup> year, etc)
The subjects/competences/skills where the clinical mentor influenced you most:

When making your nomination, please provide short statements describing why the nominee deserves the award in your view. Where possible, provide examples to support the statements.

- 1 Demonstrated benefit to you as a student of your chosen profession during clinical practice. Nature of the acts or influence on your learning or influence on your development as a health professional.*

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**Nominated by**

Name and Surname:	
Registered course and Intake Year:	
Address:	
Telephone Number:	
Mobile Number:	
Email:	
Signature:	
Date:	I.D. No: