# NHG_V_RGB_CHR

**NHG-LKCMedicine**

**Clinician/Clinical Scientist (CS) Award**

**Award Description**

To recognise clinician/clinical scientists (CS) from NHG and LKCMedicine who have made outstanding contributions in the advancement of scientific research and knowledge, in field of translational, clinical and population health. The individuals should also demonstrate consistent track record for excellence in research.

**Award Value**

$1,000 & Plaque

**Eligibility Criteria**

The nominee should encompass the following attributes:

1. Clinician/clinical scientists who are primarily employed by NHG institutions or LKCMedicine;
2. Outstanding track record in research

**Application Guidelines**

1. Use **Calibri font size 12** for all text, single line spacing.
2. All fields in the forms must be completed. Indicate “**NA**” where a particular field is not applicable. Incomplete forms will be returned for further clarification, which may delay processing.
3. A CV is to be submitted together with this form, to further elaborate on the achievements/contributions.
4. The information provided in this form will be used for award/publicity purposes.

**DETAILS OF NOMINEE**

|  |  |
| --- | --- |
| **Salutation** (Please select)**:** Click here to select.  **Full Name:** Click here to enter text. | **Designation:**  Click here to enter text. |
| **Institution** (Please select)**:**  Click here to select. | **Department / Unit / Polyclinic:**  Click here to enter text. |
| **Contact No.:** Click here to enter text. | **Email:** Click here to enter text. |
| **Office Mailing Address:**  Click here to enter text. | |

**NOMINATION WRITE-UP & GUIDELINES**

*Please append the write-up with this form. The write-up should be concise and should not exceed 5 pages.*

|  |  |
| --- | --- |
| **S/N** | **Items** |
| 1 | Contributions made towards generation of scientific knowledge  List down instances whereby the nominee has contributed significantly in:   1. Leveraging on research to address clinical needs/gaps; 2. Introducing novel methods to improve healthcare services and outcomes; 3. Demonstrating leadership to front and coordinate research efforts in his/her field of specialty 4. Providing guidance to peers and juniors alike |
| 2 | Significance and/or potential impact of scientific contributions    Elaboration of how the nominee’s work would make impact on the following levels:   1. At patient or subject’s personal level; 2. At the nominee’s institution/school level; 3. At the population or national level |
| 3 | Track Record Of Research Outcomes    List Research grants/awards, publications, patents, licensing and/or collaborations in the past 5 years; Any other supporting documents such as notable media coverage. |

**DETAILS OF PROPOSER**

|  |  |
| --- | --- |
| **Salutation** (Please select)**:** Click here to select.  **Full Name:** Click here to enter text. | **Relationship to Nominee:**  Click here to enter text. |
| **Designation:**  Click here to enter text. | **Contact Number:**  Click here to enter text. |
| **Institution:**  Click here to select. | **Email:**  Click here to enter text. |
| **Remarks:**  Click here to enter text. | **E-Signature:** |

**ENDORSEMENTS**

|  |  |
| --- | --- |
| **Endorser 1 (Min. Head of Department or Equivalent)** | |
| **Salutation** (Please select)**:** Click here to select.  **Full Name:** Click here to enter text. | |
| **Designation:**  Click here to enter text. | **Contact Number:**  Click here to enter text. |
| **Institution:**  Click here to select. | **Email:**  Click here to enter text. |
| **Remarks:**  Click here to enter text. | **E-Signature:** |
| **Endorser 2 (Min. Director of Research or Equivalent)** | |
| **Salutation** (Please select)**:** Click here to select.  **Full Name:** Click here to enter text. | |
| **Designation:**  Click here to enter text. | **Contact Number:**  Click here to enter text. |
| **Institution:**  Click here to select. | **Email:**  Click here to enter text. |
| **Remarks:**  Click here to enter text. | **E-Signature:** |