# NHG_V_RGB_CHR

***NHG Research Mentor of the Year Award***

**Award Description**

To recognise individuals who have made significant contributions to their respective research domains, with demonstration of translational impact on healthcare nationally and/or internationally. They have also played a critical role in building up a pipeline of researchers, as well as contributed to building a vibrant research culture in NHG.

**Award Value**

$1,000 & Plaque

**Eligibility Criteria**

The nominee will encompass the following attributes:

1. A senior clinical researcher[[1]](#footnote-1) from any institutions/national centres in NHG.
2. Currently in-service, has primary employment with NHG (at least 10 years of service), and be based in Singapore.
3. Track record of research outcomes and translational impact on healthcare.
4. Well recognized nationally and/or internationally for contributions to respective research domain / clinical specialty.
5. An active role model who has helped to inspire and nurture budding researchers.

**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. | |
| **NHG Employment Joined Date**  *(Primary employment with min. 10 years of service):*Click here to enter text. | |

**NOMINATION WRITE-UP & GUIDELINES**

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

|  |  |
| --- | --- |
| **S/N** | **Items** |
| 1 | Research Mentorship & Culture Building  Describe how nominee has contributed significantly in building a pipeline of researchers within NHG. The nominee should have helped to build up a vibrant research culture in his/her institution and cluster, as supported through an established research track record of the mentees and institution/cluster (for e.g. publications, grants, and awards). |
| 2 | Translational Impact of Research  Describe how nominee has made significant contributions in in his/her research domain, and how research outcomes have demonstrated a translational impact on healthcare nationally and/or internationally. |
| 3 | Achievements & Recognition  Nominee has an established research track record (for e.g. publications, grants, and awards), and has received recognition for his/her research and achievements. |
| 4 | Other Supporting Documents  Other supporting documents as part of the write-up may include related letter(s) of recommendation etc. |

**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 enter text. | **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 enter text. | **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 enter text. | **Email:**  Click here to enter text. |
| **Remarks:**  Click here to enter text. | **E-Signature:** |

1. Refers to healthcare professionals who work directly with patients, or uses data from patients, to do research on health, diseases and existing practices, and to develop new treatments. [↑](#footnote-ref-1)