

NAME OF AWARD YOU ARE APPLYING FOR:

Name

Address

Postcode

Date of birth

Age

Phone

Email address

TYPE OF BLEEDING DISORDER

Haemophilia A

Mild/Moderate/Severe (please delete)

Haemophilia B

Mild/Moderate/Severe (please delete)

Von Willebrand's

Type 1/Type 2/Type 3 (please delete)

Other

Please state type

IF YOU ARE NOMINATING ANOTHER PERSON, PLEASE GIVE YOUR OWN DETAILS

Your name

Your relationship to the candidate

Your address

Postcode

Your phone number

Your email address

SUPPORTING STATEMENT

On a separate sheet of paper please explain why you think the person you are nominating should win the award, including details of the sport /activity and their achievements. You may enclose photos etc.

SUPPORTING STATEMENT FROM DOCTOR OR NURSE WHO IS TREATING THE CANDIDATE

Name

Position

Haemophilia Centre

STATEMENT (continue on another sheet if necessary):

Signature

Date

Please send the completed form to: The Haemophilia Society, First Floor, Petersham House,
57a Hatton Garden, London, EC1N 8JG Tel: 020 7831 1020 Fax: 020 7405 4824
Email: info@haemophilia.org.uk Website: www.haemophilia.org.uk

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