**IFSSH PIONEER OF HAND SURGERY – Nomination summary**

**Nominee:**

Name (please place surname in **bold**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deceased: Y / N

Contact email address (or family member if deceased): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nominating Society**

Name of society: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person and society position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission checklist:**

1. We confirm that we have read the IFSSH Pioneer Nomination Guidelines **🖵**

2. We confirm that the nominee will be aged over 70 by 24th March 2025, or is deceased **🖵**

3. We have enclosed:

* a letter of nomination from the society **🖵**
	+ detailing the reasons for nomination;
	+ confirming that the nominee satisfies the selection criteria; and
	+ signed by at least two members of the society’s governing board.
* letters from three peers within the nominee’s society (other than the **🖵** board members who have signed the society nomination letter) each detailing their support for the nomination
* an abbreviated CV of three pages maximum **🖵**
* a photograph  **🖵**

The Society should forward this coversheet and the full nomination documents listed above to the Secretary-General (email: administration@ifssh.info).

**The closing date for nominations is 24th September 2024.**

**NO NOMINATIONS WILL BE ACCEPTED AFTER THIS DATE.**

NB: Nominations will be considered by the IFSSH Nominating Committee. The IFSSH will not undertake any correspondence with nominees during the submission or assessment period. The nominating society will be informed of the outcome. The IFSSH will communicate with those to be honoured prior to the congress with information regarding the awards ceremony.