

**BIOS and BOSTU Service Award / Fellowships**

Nomination form

**Award:** Service Award Fellowship

**Name of Nominee:**

**Is this person a BIOS member:** YES NO

**Profession of Nominee if non-BIOS member:**

**Approximate length of service to the profession/time involved with the Orthoptics profession:**

BIOS Roles e.g. Chair, Trustee, CAG or Committee member etc:

AHP roles involved in the promotion of or development of orthoptics (if from other professions):

Examples of acting as ambassador for the profession:

Examples of exceptional service to the science, study or practice of Orthoptics:

**Individual or regional committee nominating/name of person nominating:**

**Member of Board of Trustees/Council/BOSTU Executive Board seconding:**

**Date:**

\* Completed nomination forms should be submitted via your Regional or National Trustee or the BOSTU General Secretary.