BMUS») Sonographer of the Year Award Application Form

Nominee Name	
Place of Work	
E-mail address	
Name of Proposer	
E-mail address	
Describe how the indiv	vidual you are nominating :
	e and patient safety, placing it at the heart of service delivery
2. Shares and develops vi	sions of excellence in the field of ultrasound

Please send your completed nomination to Emma Tucker (emma@bmus.org)

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3.	Supports their peers and colleagues with positivity, empathy and enthusiasm
4.	Is an inspirational member of the team
5.	Shows commitment to Sonographers and Ultrasound
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6.	Encourages and pursues Continuing Professional Development
7	List any articles published or lectures delivered at training days / conferences
/.	
8.	Encourages the education of others

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