

# The Princess Srinagarindra Award

## INFORMATION & NOMINATION FORMS

The Princess Srinagarindra Award Foundation was established on 21<sup>st</sup> October 2000 in commemoration of the Centenary Birthday Anniversary of Her Royal Highness Princess Srinagarindra Mahidol.

The Princess Srinagarindra Award, an international award for an individual or group of registered nurses and/or registered midwives, was established in honor of Her Royal Highness Princess Srinagarindra Mahidol and in recognition of her exemplary contribution towards progress and advancement in the field of Nursing, Midwifery and Social Services.

### ELIGIBILITY CRITERIA

1. Hold the qualification of Registered Nurse and/ or Registered Midwife of any country in the world;
2. Be authorized to practice as a nurse or midwife in her/his own country or to have otherwise retired or resigned in good standing;
3. Have made a significant contribution, through direct care, research, education or management, within the nursing and/or midwifery profession and/or for the development of the nursing and/or midwifery profession, health system and/or people's health; and
4. Have made the contribution(s) during the years immediately preceding the award or as a cumulative effort that continues to the present time.

### INFORMATION

- a) The nomination form is available for an individual or a group nomination at the website <http://www.princess-srinagarindraaward.org>
- b) The nomination must be **typed in English**, and submitted as an original document, with original signatures in all places specified.
- c) The nomination must be submitted by individual(s) or organization(s), referred to herein as sponsor(s). The nominee cannot be a sponsor.
- d) The National Nurses Association, The National Nursing Council and/or The Department of Nursing, Ministry of Health may be the sponsor.

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- e) The National Nurses Association, The National Nursing Council and The Department of Nursing, Ministry of Health should be aware of and support or have no objection to the nomination.
- f) The name of the nominee(s) must be submitted to the nominee's National/State Nursing Council (NNC) or National/State Regulatory Authority (NRA) for certification (Part VI).
- g) A Curriculum Vitae of the nominee(s) should be attached to the form.  
Please see Annex 1.
- h) Each Country must nominate only **ONE person** or **ONE group** for the Award.

**The nomination form and related document(s) must be typed in English and submitted to the Princess Srinagarindra Award Foundation no later than 31<sup>st</sup> May 2025.** The nomination forms and related documents can be sent in advance by email.

Dr. Tassana Boontong, RN., R.M. Ed.D., Ph.D. (Hon.)  
Secretary-General, The Trustee of the Princess Srinagarindra Award Foundation  
under the Royal Patronage,

**The Office of Princess Srinagarindra Award Foundation**

E-mail: [psaf.rp@gmail.com](mailto:psaf.rp@gmail.com)

Tel: (662) 596-7580 Fax: (662) 965 9264, (662) 589-7121

Mailing address :

Princess Srinagarindra Award Foundation

C/O Thailand Nursing and Midwifery Council,

Nagarindrasri Building, 3<sup>rd</sup> Floor, Ministry of Public Health

Tiwanond Road, Amphur Muang, Nonthaburi 11000, THAILAND

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## NOMINATION FORM for THE INDIVIDUAL

Attach a recent  
Photograph of the  
nominee(s) with  
name on the back

### PART I: SPONSOR INFORMATION

I/We hereby nominate the following person for the Princess Srinagarindra Award 2025

\_\_\_\_\_  
(Typed name of nominee)

Please check one: ☐ individual sponsor or ☐ organization sponsor

\_\_\_\_\_  
(Name of sponsor)

Relationship of the sponsor to the nominee: \_\_\_\_\_

Address of sponsor: \_\_\_\_\_  
(No.) (Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State/Province/County)

\_\_\_\_\_  
(Post Code)

\_\_\_\_\_  
(Country)

Phone number:

Fax number:

\_\_\_\_\_  
(Country Code/Area Code/Number)

\_\_\_\_\_  
(Country Code/Area Code/Number)

Website:

Email address:

Signature of individual sponsor or authorized representative of organizational sponsor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Typed name)

\_\_\_\_\_  
(Typed title)

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## PART II: NOMINEE PROFILE

### A. Nominee's Personal Data

Name: \_\_\_\_\_  
(First Name) (Middle Name) (Family Name)

Preferred title: ☐Mr. ☐Mrs. ☐Ms. ☐Miss ☐Dr. ☐Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Official Language: \_\_\_\_\_  
(Month/Day/Year)

Home Address: \_\_\_\_\_  
(No.) (Street)

\_\_\_\_\_  
(City) (State/Province/Country)

\_\_\_\_\_  
(Post Code) (Country)

#### Mailing address if different from home address:

\_\_\_\_\_  
(No.) (Street)

\_\_\_\_\_  
(City) (State/Province/Country)

\_\_\_\_\_  
(Post Code) (Country)

#### Home Phone:

\_\_\_\_\_  
(Country Code/Area Code/Number)

#### Home/office Fax:

\_\_\_\_\_  
(Country Code/Area Code/Number)

#### Mobile phone:

\_\_\_\_\_

#### Email address:

\_\_\_\_\_

### B. Nominee's Employment (if applicable):

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(No.) (Street)

\_\_\_\_\_  
(City) (State/Province/Country)

\_\_\_\_\_  
(Post Code) (Country)

#### Office Phone:

\_\_\_\_\_  
(Country Code/Area Code/Number)

#### Fax:

\_\_\_\_\_  
(Country Code/Area Code/Number)

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## **PART III: SPONSOR STATEMENT**

To be completed by the SPONSOR (individual or organization)

Name: \_\_\_\_\_  
*(Individual or organization making the nomination)*

In your view, please comment briefly on the reason for the nomination, including the nominee work or contribution to the work outcomes and the significant impact of the work for the development of the nursing and/or midwifery profession and improvement of the quality of life and health of the people. **One** additional page may be added.

Signature of individual sponsor or authorized representative of the organizational sponsor  
**(This must be the same person who signed in Part I):**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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## **PART IV: INDIVIDUAL NOMINEE STATEMENT**

State in concise terms on the significant contribution or impact you have made, within the nursing and/or midwifery profession, and/or for the development of the nursing and or midwifery profession and quality of life and health of the people and the reasons for doing the work. **One** additional page can be added.

Please complete your Curriculum Vitae in Annex 1 as well.

I hereby consent to have my nomination submitted for the Princess Srinagarindra Award

\_\_\_\_\_  
*Nominee's Signature*

\_\_\_\_\_  
*Date*

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### **PATR V: OTHER ENTITIES AWARE OF/ SUPPORT OR HAVE NO OBJECTION TO THE NOMINATION**

To be completed by the National Nursing/Midwifery Officer, President of the Nursing/Midwifery Council or President of the Nurses' or Midwives' National Association. It must be signed by at least **two organizations** other than the nominating one, where these exist.

I have been informed about the nomination of \_\_\_\_\_  
(Nominee's name)

by \_\_\_\_\_  
(Name individual or organization sponsoring the nomination)

to receive the Princess Srinagarindra Award and have no objection.

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Name (print) \_\_\_\_\_  
(National Nursing/Midwifery Officer)

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_  
(President of Nursing/Midwifery Council)

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_  
(President of Nurses' or Midwives' Association)

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

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## **PART VI: CERTIFIED STATEMENT**

The nominee must be certified by National/State/Provincial Nursing Council (NNC) or National/State/Provincial Regulation Authority (NRA) where the nominee registered to practice.

Name of the National/State/Provincial Council or National/State/Provincial Regulation Authority

\_\_\_\_\_

Address \_\_\_\_\_  
(No.) (Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State/Province/Country)

\_\_\_\_\_ (Post Code) \_\_\_\_\_ (Country)

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

\_\_\_\_\_ (Country Code/Area Code/Number) \_\_\_\_\_ (Country Code/Area Code/Number)

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

We hereby certify that \_\_\_\_\_  
(Name of nominee)

is a Registered Nurse and/or Registered Midwife and **a current member of our NNC or NRA or is retired or has resigned with good performance record.**

Signature of the President, Executive Director, or other duty authorized representative of the NNC or NRA.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ (Typed name) \_\_\_\_\_ (Typed title)

**All parts of the form must be typed in English and signed where indicated,**