

**SAPHNA 2024 Student Award Submission Form**

The student submission must be made using the SAPHNA submission form. Only those submissions using the SAPHNA form will be accepted for entry to the Award.

**Name of HEI and Department providing the SCPHN programme and declaration of cohort size**

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| HEI Name: Click or tap here to enter text. Department Name:Click or tap here to enter text.SCPHN-School Nurse Cohort size:Click or tap here to enter text. |

**Full name, contact details and signature of the student**

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| Student full name:Click or tap here to enter text.Contact email: Click or tap here to enter text. Contact telephone number:Click or tap here to enter text.Signature of student: |

**Full name, contact details and signature of the supporting academic/practice teacher**

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| Supporting Lecturer/Practice Educator full name:Click or tap here to enter text.Contact email: Click or tap here to enter text. Contact telephone number:Click or tap here to enter text. **Disclaimer: I confirm that poster & abstract are the student’s own work and have not been submitted elsewhere** Yes [ ] Signature:  |

**Title of student poster**

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| Click or tap here to enter text. |

**Poster abstract written by the student (max 350 words)**

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| Click or tap here to enter text. |

\*a pdf poster designed and prepared by the student (attachment to upload)