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| Harrogate and District NHS Foundation Trust RGB BLUE | | |
| **Chairman and Chief Executive’s Team of the Month Award**  Patient and Public Nomination Form | | |
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| Nominee details (the member of staff you are nominating) | | |
| Name (required) | Click here to enter text. | |
| Role (if known) | Click here to enter text. | |
| Department (required) | Click here to enter text. | |
| Reason for nomination (required) – How have they embodied:   * Going above and beyond * The Trust values: Respectful, Passionate, Responsible * Making a Difference | Click here to enter text. | |
| Your details (so we can get in touch with you to provide an update about your nomination) | | |
| Name (required): | Click here to enter text. | |
| Contact number (required): | Click here to enter text. | |
| Email address (if available): | Click here to enter text. | |

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