



GOWERS' AWARDS 2009

ENTRY FORM

Name: _____

D.O.B. _____

Address (Telephone No. and Email): _____

"MOTTO" FOR IDENTIFYING ESSAY:

ESSAY TITLE:

Entry for Young Physician/Medical Student/Nursing & Health Professional
Categories (*please delete where inapplicable*).

I certify that I satisfy the entry requirements for the competition in that:

- (a) I will not be more than 35 years of age on December 31st, 2009
(young physician)
- (b) I am a bona fide medical student or in my first post qualification year on
31/12/09 (medical students)
- (c) I am a registered nurse
- (d) I am a student or registered health professional

YOUR ENTRY FORM MUST BE CONTAINED IN A SEALED ENVELOPE WITH
THE "MOTTO" ON THE OUTSIDE. MAKE SURE THE "MOTTO" IS ON YOUR
ESSAY – NOT YOUR NAME.

Signed _____