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| ***Form for nomination of:***  ***Professor Katie Eriksson’s Memorial Prize***  **Recognition of a Nordic Caring Science Research Project**  Awarded by  **The Nordic College of Caring Science Forskningsfond**  In collaboration with  **The Nordic College of Caring Science** |

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| **Information about persons who nominate**  Name:  Position:  Employer:  Email:  Phone:  Name:  Position:  Employer:  Email:  Phone:  Name:  Position:  Employer:  Email:  Phone: |

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| **Information about nominated researcher / research group**  Name:  Position:  Employer:  Email:  Phone:  Name of research group:  *If several individuals are nominated all should be included according to the above. This field expands as the above information is filled out.* |

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| **Project title** |

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| **Project summary** (max 200 words) |

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| **Project’s contribution to Caring Science** (max 2 pages) |

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| **Your motivational state for nominating this researcher / research group to Professor Katie Eriksson Memorial Prize** |