

The Princess Srinagarindra Award

INFORMATION & NOMINATION FORMS

The Princess Srinagarindra Award Foundation was established on 21st 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 by email or post no later than 31st May 2026.

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

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, 3rd Floor, Ministry of Public Health

Tiwanond Road, Amphur Muang, Nonthaburi 11000, THAILAND

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THE NOMINATION FORM for A GROUP

A group is **2 – 4 nurses/midwives** who share the same aim and work together in order to achieve the mutual outcome(s) and must demonstrate the impact of their work (with reference to the criteria of this award).

I/We hereby nominate the following persons who work as a group for the Princess Srinagarindra Award 2026

1. _____
2. _____
3. _____
4. _____

Please check one: individual sponsor or organizational sponsor

(Name of sponsor)

Relationship of sponsor to the nominees:

Nominee 1: _____

Nominee 2: _____

Nominee 3: _____

Nominee 4: _____

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: INDIVIDUAL PROFILE

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

For a Group Nomination, a **separate** profile (PART II) and curriculum vitae (Annex 1) of **EACH MEMBER OF THE GROUP** must be completed.

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 individual or organization making the nomination

Name: _____
(Individual or organization making the nomination)

In your view, please comment briefly on the reason for the nomination including the significant, outcomes and impact of the group's work on the development of the nursing and/or midwifery profession and improvement of the quality of life and health of the people. Please address only the work done as a group and the role/contribution of each nominee for the achievement **NOT** the work of each individual. **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: GROUP NOMINEE STATEMENT

State in concise terms the significant contribution or impact your group has 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. Please describe only the work of your group that is nominated for this Award. **One** additional page can be added.

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

Signature

Date

Signature

Date

Signature

Date

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 Office, President of the Nursing/Midwifery Council or President of the Nurses' or Midwives' National Association (It must be signed by two organizations other than the nominating one, where these exist).

Please note that for a group nomination, an attestation must be made for each of the individual in the group.

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.

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 application must be certified by National/State/Provincial Nursing Council (NNC) or National/State/Provincial Regulation Authority (NRA) who registered the nominee.

Please note that for a group nomination, an attestation must be made for each of the individuals in the group.

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 part of these forms must be completed in English, in full, signed where indicated.