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**BCLA 2021 Dry Eye Practitioner of the Year Award Nomination Form**

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| **Name of nominee/team** |  |
| **Email** |  |
| **Telephone number** |  |
|  |
| **Please discuss how you meet the nomination criteria** (1,000 words maximum)(Please attach a separate page, if required) |
|  |
| **Nominator name** |  |
| **Date** |  |

**Please return the nomination form by 3 May 2021, together with 3 case records and any additional pertinent information such as testimonials to** membership@bcla.org.uk