

## ENTRY FORM

CATEGORY	Tick Category Entered
1. Life time achievement award	
2. Use of Information Technology to improve patient care	
3. County with the best managed healthcare	
4. Award of excellence in improving access to primary care services	
5. Health facility innovation project of the year (2018)	
6. Student innovation project of the year (2018)	

### INDIVIDUALS AND TEAMS

#### *Entrant(s) Details*

Full Name(s):.....  
 Date of Entry Completion:.....  
 Address:.....  
 Contact Person:.....  
 Telephone No.:.....  
 Email:.....

#### DECLARATION

I/We hereby confirm that the information provided herein is correct and I/We have read and understood the terms and conditions of Quality Healthcare Kenyan Awards.

Name:.....  
 Signature:.....  
 Date:.....

### ORGANIZATIONS

#### *Approval by Head of Organization*

Full Name:.....  
 Signature:.....  
 Contact Person:.....  
 Telephone No.:.....  
 Email:.....

#### DECLARATION

I/We confirm that the information provided herein is correct and has been approved by the ENTRANT organization.

Name:.....  
 Signature:.....  
 Date:.....