QUALITY HEALTHCARE KENYAN AWARDS

ENTRY FORM

THE AWARD CATEGORY: ……

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

Confirm that the information provided herein is correct and has been approved by the ENTRANT organization.

Name: ……

Signature: ……

Date: ……