



World Confederation  
for Physical Therapy



## Nomination form for the 2016 WHPA Award in Interprofessional Collaborative Practice

### WHO IS SUBMITTING THIS NOMINATION (PROPOSER)?

First Name(s):			
Family Name:			
Are you submitting a nomination on behalf of a group / organisation?	<input type="checkbox"/> No (in my personal name) <input type="checkbox"/> Yes. Please specify:		
Address:			
Zip Code:		City:	
Country:			
E-mail:			
Telephone			

### WHAT TEAM DO YOU NOMINATE?

Describe below the composition of the team nominated (including the professional qualification for each team member) (200 words max)
Describe below the setting(s) where this team operates (private or public, community, ambulatory or hospital...) (200 words max)
Describe below the rationale that lead to the development of this interprofessional collaborative team: (200 words max)
Describe below in what way the team activities are based on interprofessional collaborative practice? (200 words max)
Describe below the outcomes / impact of the team: (200 words max)
<b>Clinical impact:</b>   



World Confederation  
for Physical Therapy



**Economic impact:**

**Humanistic impact:**

Has this team's work and impact been presented previously at congresses or in peer-reviewed journals? Please give references below:  
(200 words max)

Describe below in what way this interprofessional collaborative team is innovative:  
(200 words max)

Describe below how this team's development and activities are sustained:  
(200 words max)

Describe below some learnings from the development of this team and how it can be replicated / adapted in other settings / countries:  
(200 words max)

Please include below two references (with their contact details) around the work of this team:  
(200 words max)

If you have any additional information you would like to share, feel free to use the space below:  
(200 words max)

## WHO IS THE CONTACT PERSON FOR THIS INTERPROFESSIONAL COLLABORATIVE TEAM?

First Name(s):			
Family Name:			
Affiliation			
Address:			
Zip Code:		City:	



World Confederation  
for Physical Therapy



Country:	
E-mail:	
Telephone	

You are encourage to submit this nomination with any additional supporting documents (for instance reports, copies of articles, images).