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**BCLA 2021 Young UK Contact Lens Practitioner of the Year Nomination Form**

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| --- | --- |
| **Name of nominee** |  |
| **Contact details of nominee** |  |
| **Email** |  |
| **Telephone number** |  |
|  | |
| **Please describe below how you meet the nomination criteria (1,000 words maximum)** (Please attach a separate page, if required) | |
|  | |
| **Nominator** |  |
| **Date** |  |

Please return the nomination form by **Monday 3May 2021** together with any additional documentation such as patient and/or colleague testimonials, images, scans, topography maps etc to [membership@bcla.org.uk](mailto:membership@bcla.org.uk).