**Digital Solution Provider of the Year**

**Contact details\***

**Name of person making the entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact email of person making the entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact number of person making the entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company/provider being nominated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact email for company/provider being nominated (if different to the above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact number for company/provider being nominated (if different to the above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*Please note, these details are only captured in order to contact the nominee should they be shortlisted.*

***Please complete your entry overleaf***

**Please complete the following:**

**Overview**

Please give an overview/case study/an example of a time when you provided an outstanding product/support/guidance/service to a client or customer and how this benefitted their business. This will be used by the judging panel when rating the nomination. Feel free to include entries that highlight the execution of business as usual in adversity, particularly delivering consistent and thorough patient care during the Covid-19 pandemic. Please ensure that your entry is anonymous and does not include company/practice names or identifiers (either your own or the name of the practice(s) involved).

***Max 500 words***

***Judging criteria:***

* From 1-10 (1 being the lowest, and 10 the highest), how significant are the benefits to the business/HCPs/patients
* From 1-10, how unique/innovative is the product/service/support that is being offered
* From 1-10, how much does the entry demonstrate going ‘above and beyond’
* From 1-10, how much does the entry demonstrate partnership working between the supplier and practice(s)?
* From 1-10, how easily can the examples in the entry be applied to a wide variety of situations/customers

**You may also include ONE additional supporting document of client testimonials with this entry.**