



**The Ryman Prize 2017  
Application/nomination form**

The Ryman Prize is open to anyone, anywhere in the world for work completed on an advance that has been proven to enhance quality of life for older people.

The prize could include, but is not limited to, a mechanical device, an invention, a discovery, a study, a book, an initiative, an invention, a proven idea, a completed research project or initiative or any other advance that enhances life for older people. The prize is to reward work done - not for speculative projects.

The award can be made to an individual or a team.

Entry is by application or nomination.

**CLOSING DATE: 5pm Friday June 23, 2017. Scan and sign applications or nominations and send them to [david.king@rymanhealthcare.com](mailto:david.king@rymanhealthcare.com)**

**SECTION I: Applications:**

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.....

(full name or names) wish to apply for the 2017 Ryman Prize

I.....  
.....

(full name or names) consent to the Ryman Foundation and its agents making enquiries, verifying facts, carrying out research and obtaining information from others that it considers appropriate to

verify this application. All information will remain confidential.

Signature:

(NB: in the case of joint entries enter the name of all individual members as well as your main applicant's name, the main applicant to be the chief point of contact)

Date:

**Applicant's details:**

**Name:**

**Contact address:**

**Email:**

**Contact phone number:**

**SECTION 2: Application statement**

(Please provide a statement of up to 1000 words on why you should be considered for the Ryman Prize)

**SECTION 3: Nominations**

I .....(full name)

wish to nominate

.....(full name of

Individual, individuals or organisation) for the Ryman Prize.

I.....  
.....

(full name or names) consent to the Ryman Foundation and its agents making enquiries, verifying facts, carrying out research and obtaining information from others that it considers appropriate to

verify this application. All information will remain confidential.

Signature:

(NB: in the case of joint entries enter the name of all individual members as well as your main applicant's name, the main applicant to be the chief point of contact)

Date:

**Applicant's details:**

**Name:**

**Contact address:**

**Email:**

**Contact phone number:**

**SECTION 4: Nomination statement**

(Please provide a statement of up to 1000 words on why the person or organisation you have nominated should be considered for the Ryman Prize)

## **SECTION 5: Referees**

Please supply two independent referees who can verify your application or nomination. They must be comfortable with being contacted.

Referee 1:

Name:

Address:

Email:

Contact phone number:

Position/relevance:

Referee 2:

Name:

Address:

Email:

Contact phone number:

Position/relevance:

### **Section 6: Supporting documents**

Please email any relevant documents or references to support your application or nomination. These could include publications, media coverage, or any other document that would be used to verify your application or nomination.

If documents cannot be emailed please post to:

David King  
Corporate Affairs Manager  
Ryman Healthcare  
92 Russley Rd  
Avonhead  
PO Box 771  
Christchurch 8042