



## periOperative Registered Nurses Association of the Philippines, Inc. (ORNAP)

Unit 915 Le Gran Condominium, Eisenhower St. Greenhills San Juan Metro Manila

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### ACCEPTANCE AND DATA PRIVACY CONSENT FORM

#### Instruction:

The Nominee shall accomplish and submit this form to the Nominator, together with other supporting documents required by the Awards and Recognition Committee (ARC), prior to the selection process for **Consuelo Gomez Arabit (CGA) Award for Excellence in Perioperative Nursing**.

<b>Name of Nominee</b>	
<b>Name and Address of Hospital or Institution</b>	

I \_\_\_\_\_, hereby voluntarily accept the nomination for **Consuelo Gomez Arabit (CGA) Award for Excellence in Perioperative Nursing** and I declare to the best of my knowledge that I am eligible to be nominated. I will abide with the guidelines set by the Awards and Recognition Committee (ARC) in the conduct of selection proceedings.

In compliance with the **Data Privacy Act of 2012**, I hereby give my consent to ORNAP and to the thirdparty service provider to process my personal information necessary for the nomination and selection. For this purpose, I hereby hold ORNAP, Board of Directors, and ARC free from any liability arising from the processing of my personal information.

\_\_\_\_\_  
**Signature over printed name / Date**  
**Nominee**