



Department of Science and Technology
PHILIPPINE COUNCIL FOR HEALTH RESEARCH AND DEVELOPMENT

BEST MENTOR IN HEALTH RESEARCH AWARD

Recommendation Form

For:

Name of the Nominee

A. Personal Information of the Nominator

1. Name of the Nominator _____
(Family) (First Name) (Middle Initial)

2. Employment name _____

3. Present Job Position _____

4. Employment address of the _____

5. Contact Details:

5.1. Telephone number (Office) _____ 5.2. Fax No. _____

5.3. Telephone number (Residence) _____ 5.4. Fax No. _____

5.5. Mobile Number _____

5.6. Email Address _____

6. Relationship of the Nominator with the Nominee (s) and your assessment on his/her performance with the ff. interpretations:

1= needs improvement; 2= average/good; 3= very good; 4=outstanding

Please check all the applicable items

6.1. [] adviser Assessment
[] local [] international [] 1 [] 2 [] 3 [] 4

6.2. [] research panel/reviewer/evaluator/reader Assessment
[] local [] international [] 1 [] 2 [] 3 [] 4

6.3. [] preceptor Assessment
[] local [] international [] 1 [] 2 [] 3 [] 4

- 6.4. advocate Assessment
 local international 1 2 3 4
- 6.5. research consultant Assessment
 local international 1 2 3 4
- 6.6. editor Assessment
 local international 1 2 3 4
- 6.7 colleague Assessment
 1 2 3 4
- 6.8 trainer Assessment
 1 2 3 4
- 6.9 others, please specify _____
Assessment
 1 2 3 4

7. How long have you known the nominee (please check the appropriate box)

- less than a month
 one month to one semester (6 months)
 more than a semester but less than a year
 one year to two years
 more than two years

B. In 1000-1500 words, give a narrative description of the nominee’s mentoring activities (at least 2 pages accompanied by supporting documents; e.g. photos and other necessary documents to support the nomination)

Instruction.

Fold and insert this accomplished recommendation form in a letter envelope, seal and affix your signature twice on the back sealed cover. *You may send the sealed accomplished recommendation form to the regional consortium secretariat or to PCHR (for ASTHRDP Scholars only)* (Please refer to the attached paper for the list of addresses).