



# A NURSE LIKE ME CHAMPION INTEREST FORM

## Personal information

Name

Address

Email

Phone

(optional)

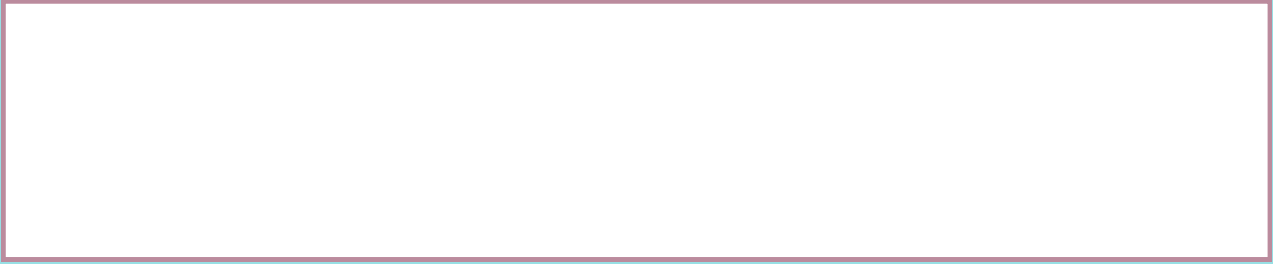
Profession/Role

Organisation/Institution

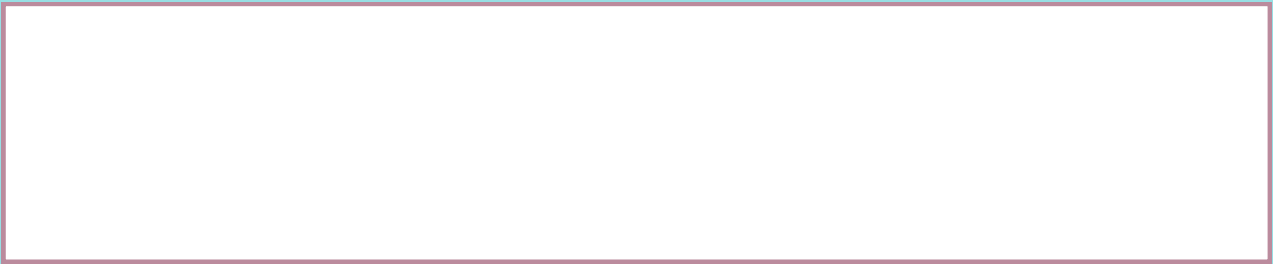
Country/City

Why do you want to be a Champion for A Nurse Like Me?

How do you plan to promote the initiative in your setting?

A large, empty rectangular box with a thin purple border, intended for the user to provide their answer to the question above.

Any specific support or tools you would like to receive?

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