



## Haim Ring Memorial Award

### Required information for NGO applicants

You are kindly invited to include the following information:

#### Haim Ring Memorial Award required information for Non-Governmental Organization applicants

You are kindly invited to include the following information:

Nominee's name:

Non-Governmental Organization (NGO)'s affiliation if applicable (address and access data):

Name of the President of the NGO, and contact information:

Person of contact and contact information, if applicable:

Please confirm that you fulfil the following **requirement**:

Physical and Rehabilitation Medicine (PRM) education or clinical programs or programs of care are included among the institution's programs.

The Haim Ring Memorial Award for NGO applicants is **intended to recognize NGOs** that host or include **international Postgraduate PRM physicians and physiatrists** in their academic and training activities.

Please provide information related to:

#### Competence:

##### The applicant's competence in PRM

#### 1. Affiliation to a PRM NGO or PRM body of NGO

Answer: Yes, if at least one of the bodies demonstrates a PRM affiliation. If "yes", please specify the affiliation. No, if there is none of them.

#### 2. Grant-aided education or learning programs or courses or schools with PRM content

Answer: Yes, if there is at least one grant-aided education or learning program/s or course/s or school/s. If "yes", please specify the number and name of the education or learning programs, courses, schools, if known. No, if there is none of them.

#### 3. Accreditation of institutions or of PRM education or clinical programs or of programs of care by the NGO.

Answer: Yes, if at least one PRM education or clinical program or program of care has been accredited by the NGO. If “yes”, please specify the PRM education or clinical programs or programs of care that have been accredited by the NGO.  
No, if there has not been any PRM education or clinical program or program of care accredited by the NGO.

#### **4. Awards/ or recognition**

National institution or organization award/s or recognition

ISPRM award/s or recognition

Other international academic, scientific or health organization/s award/s or recognition

**Answer: Yes**, if there is at least an award. **If “yes”**, please specify the name of each award. **No**, if there is none of them.

#### **Contribution to international exchange:**

#### **5. Number of academic observers or participants in the PRM learning or education programs, courses, schools, professional visits, with international exchange academic observers or participants**

**Answer: Yes**, if there is at least one academic observer or participant. **If “yes”**, please specify the total number, and the name of each of them, whenever possible. **No**, if there is none of them.

#### **6. Duration of grant-aided PRM education or learning programs, courses, schools, professional visits, with international exchange academic observers or participants.**

**Answer: Yes**, if there is any information, regarding duration. **If “yes”**, please specify its duration in days or weeks, whenever possible. **No**, if there is no information on this item.

#### **7. Number of grant-aided registrations of attendees of education or learning programs, courses, schools, professional visits, with international exchange academic observers or participants. Please specify the PG PRM physicians, if any.**

**Answer: Yes**, if there is at least one grant-aided registration of attendees of the education or learning programs or courses or schools with PRM content, with international exchange academic observers or participants. **If “yes”**, please specify the number and the name of the attendees whose registration was grant-aided, whenever possible. **No**, if there are no grant-aided registrations.

#### **8. Number of attendees of education or learning programs, courses, schools, professional visits whose accommodation was grant-aided.**

**Answer: Yes**, if there is at least one attendee of the education or learning programs or courses or schools with PRM content, whose accommodation was grant-aided. **If “yes”**, please specify the number and name of the attendees whose accommodation was grant-aided, if known. **No**, if there are no attendees with grant-aided accommodation.

**9. Available free or reduced cost of meals for attendees to at least 50 % of the education or learning programs, courses, schools, professional visits.**

**Answer: Yes**, if the NGO has provided reduced cost of meals to at least 50 % of these activities. **No**, if the NGO has not provided free or reduced cost of meals of attendees to these activities.

**Content of the program:**

Description of the program(s), including duration.

**Impact of the program on the granted observer or participant:**

**10. The grant-aided observers' or participants' feedback on the visit program, or the grant-aided observers' or participants' achievements afterwards, that may be attributed to the program.**

Description of the feedback, including number of grant-aided observers' or participants' report, such as letters, emails, if available.

**Other initiatives:**

**11. Initiatives to strengthen LMICs, Undergraduate Medical School students, PG PRM physicians, psychiatrists, and allied professionals' learning, in the field of Rehabilitation.** It may include academic activities, grant-aided registrations, grant-aided accommodation and free or reduced cost of meals to academic activities of attendees from low- and middle-income countries (LMICs).

**Answer: Yes**, if the NGO has been involved in academic activities in LMICs. **If "yes"**, please specify the academic activities in which the NGO has been involved in LMICs, whether the attendees accessed grant-aided registrations, and/or the accommodation was grant-aided and/or there was free or reduced cost of meal to those activities. **No**, if the NGO has not been involved in academic activities in LMICs and has not provided grant-aided registrations, the accommodation was not grant-aided and there was no free or reduced cost of meal to those activities.

**Statement on the Institution contribution to international learning exchange.** (Not to exceed 200 words)

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