# Nomination Form

# Early Career Nurse or Midwife Excellence in Practice

## Award Details

This Award acknowledges the registered nurse, enrolled nurse or midwife who has been practicing for less than the equivalent of 5 years full-time hours since becoming registered with NMBA as a nurse or midwife.

The nomination should acknowledge a nurse or midwife who has shown outstanding achievements in the first five years of practicing as a nurse or midwife. Nominations can come from any location, any context of practice and may recognise the resilience in overcoming the many challenges faced by early career nurses and midwives. The early career nurse or midwife should demonstrate they can apply their new knowledge and skills as a safe practitioner, while working within their scope of practice, level of competence; and seeking help when needed.

Please describe why you think this nurse or midwife deserves to be recognised for this honour. As a guide, consider some of the following questions:

* In what role(s) or context has the nominee excelled?
* How has this early career nurse or midwife demonstrated practice worthy of recognition?
* What makes this early career nurse or midwife stand out?
* What is inspirational about this early career nurse or midwife?

**Please include examples where possible**

## Completing this application form

You have two options:

* complete this form on the computer and then submit it via the submission portal at the end of this form or
* print the form, complete it manually and submit it via the submission portal at the end of this form.

Please ensure you have provided all requested information.

## Nominee Details

|  |  |  |  |
| --- | --- | --- | --- |
| Title : | (Mr /Ms /Mrs /Miss/Dr/Other) | |  |
| First Name(s) : |  | Surname : |  |
| Work Role : |  | Workplace : |  |
| Phone Numbers : | Mobile : | Work : | |
| Email Address : | ***ALL*** *formal communication will occur by email so please ensure this information is correct* | | |
| Home Address : |  | | |

## Address the Following Criteria

|  |
| --- |
| 1. The early career nurse or midwife demonstrates that they can apply new knowledge and skills into their practice. (approx. 250 words)   **40% Weighting** |
| 1. The early career nurse or midwife displays a compassion, empathy, passion and positive attitude in their practice and the delivery of health care to patients/clients. (approx. 250 words)   **40% Weighting** |
| 1. The early career nurse or midwife demonstrates the qualities of a future nursing or midwifery leader. (approx. 250 words)   **20% Weighting** |

## Please Note:

An independent judging panel will assess all nominations to determine the nominee’s suitability for this Award. It is advisable to include as much detail as possible to assist the judges in reaching a decision.

You are encouraged to include any supporting information such as newspaper articles, publications. These need to be submitted with this application form. Please supply the support documents in the following format: nominee’ Surname.firstname\_nameofdoc.PDF (i.e. - smith.sam\_mercury newspaper.pdf)

At the discretion of the judging panel, further information may be sought to support this nomination.

## Referee and Manager Details

Professional referee details. Details of a referee who can make direct comment on the contribution or service of the nurse or midwife that you are nominating.

### Referee Details

|  |  |  |
| --- | --- | --- |
| Title : (Mr /Ms /Mrs /Miss/Dr/Other) | |  |
| First Name(s) : |  | Surname : |
| Position : |  | Job Title : |
| Name of Employer : |  |  |
| Phone Numbers | Mobile : | Work : |
| Email Address : | ***ALL*** *formal communication will occur by email so please ensure this information is correct* | |

### Manager Details

|  |  |  |
| --- | --- | --- |
| Title : (Mr /Ms /Mrs /Miss/Dr/Other) | |  |
| First Name(s) : |  | Surname : |
| Position : |  | Job Title : |
| Phone Numbers | Mobile : | Work : |
| Email Address : | ***ALL*** *formal communication will occur by email so please ensure this information is correct* | |
| Is the Manager aware of this nomination :  Yes or  No? | | |

## Application Submission

To submit your nomination for a nurse or midwife in this Award category please go to the [submission portal](https://cdesign.eventsair.com/2020-public-sector-nursing-and-midwifery-excellence-awards/nomination-portal)

Any enquiries regarding submission of this form, please contact [mail@conferencedesign.com.au](mailto:mail@conferencedesign.com.au)

Any enquiries regarding the Excellence Awards categories, please contact either the

* Office of the Chief Nurse and Midwife [ocnm@health.tas.gov.au](mailto:ocnm@health.tas.gov.au) or (03) 6166 1570
* Statewide Executive Director of Nursing and Midwifery Office [edonm@ths.tas.gov.au](mailto:edonm@ths.tas.gov.au) or (03) 6166 2768