# Nomination Form

**Individual Excellence in Nursing / Midwifery Practice**

## Award Details

This Award recognises outstanding excellence in practice of a registered nurse, enrolled nurse, nurse practitioner or midwife. This nurse or midwife has an excellent standard of evidence-based practice, is professional and is committed to providing safe high-quality care which is person centred.

This nurse or midwife provides leadership, advocacy, is an excellent role model and contributes to the standards of nursing / midwifery practice by promoting continuous improvement and positive patient / client outcomes.

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

* In what role(s) or area(s) has the nominee excelled?
* How has the nominee demonstrated service worthy of recognition?
* Has the nominee’s contribution been recognised elsewhere (e.g. in the media, by other awards, professional/interest groups or through local government)?
* What makes this person stand out from others?
* What is inspirational about this 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 Number : | 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 nominated nurse/midwife works collaboratively and in partnership with patients, families, carers and the multidisciplinary team to provide patient centred care. (approx. 250 words)   **40% Weighting** |
| 1. The nominated nurse or midwife encourages and supports their colleagues in their nursing practice and acts as a role model using evidence-based practice to improve the outcomes of care. (approx. 250 words)   **40% Weighting** |
| 1. The nominated nurse/midwife demonstrates exceptional commitment to the delivery of excellent patient care through their practice, leadership and mentoring; positive role modelling and positive attitude. (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 : | Surname : | First Name : |
| 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 Number : | 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