

**Better Healthcare Technology - Clinical Leadership Award**

*(in honour of* ***Vera Page Last****)*

**NOMINATION FORM**

* **Applications for this award should be completed electronically. Signatures may be added electronically or on a hardcopy before being scanned for submission.**
* **Note that this award can be self-nominated. If you are nominating yourself, you will need to provide name of two referees who can attest to the information contained in this application. (refer page 6).**

**Nominees**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Title** | **Name** | **Position** | **Institution** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |

**Nominee eligibility checklist**

Please check the boxes to confirm the following statements.

|  |  |
| --- | --- |
| [ ]  | All nominees work in primarily clinical roles |
|[ ]  All nominees work primarily in Australia and/or New Zealand |
|[ ]  All nominees are ACPSEM members |
| ☐ | No nominee is employed in a management position |

**Nominator details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** |  | **Name:** |  |
| **Email:** |  | **Phone:** |  |
| **Mailing address:** |  |

**Nominated activity**

|  |  |
| --- | --- |
| **Title:\*** |  |
| **Centre(s) where activity undertaken** |  |
| **Brief professional description** **(<300 words)** |  |
| **Brief plain language summary description** **(<100 words)^** |  |
| **Date activity was completed** |  |

*\* May be the title used on any certificates or promotional material.*

 *^ May be used in promotional material. Copy should be able to be interpreted by the general public.*

**Nominee Role**

Please provide a brief description of the role of the nominee(s) in undertaking the nominated activity.

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Role Description** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |

**Evaluation against criteria**

Please describe how the nomination meets each of the award criteria. Descriptions of each of the criteria are provided in the award guidelines below.

|  |
| --- |
| **1. Level of patient benefit (< 200 words)** |
|  |

**Evaluation against criteria (cont.)**

|  |
| --- |
| **2. Innovation (< 200 words)** |
|  |

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| --- |
| **3. Applicability (< 200 words)** |
|  |

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| --- |
| **4. Relative to opportunity (< 200 words)** |
|  |

**Supporting material**

Please list and briefly describe any supporting material. This can include documentation, letters of support, links to online documents, addresses of websites describing/hosting the activity etc.

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| --- |
|  |

**Self- Nomination**

For self-nominations, please provide contact details for two referees who can confirm that this nomination accurately reflects the activity and contribution of the nominee.

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| --- |
| **Referee 1** |
| **Title:** |  | **Name:** |  |
| **Email:** |  | **Phone:** |  |
| **Mailing address:** |  |
|  |  |

|  |
| --- |
| **Referee 2** |
| **Title:** |  | **Name:** |  |
| **Email:** |  | **Phone:** |  |
| **Mailing address:** |  |
|  |  |

**Declaration of nominees**

By signing this nomination, the nominees are agreeing that:

* They are willing to be nominated.
* The above description of the nominated activity is accurate.
* The above description of their role in the activity accurately reflects their contribution.
* The above description of the roles of other nominees in the activity accurately reflects their contribution.
* They are willing to have their names, positions and institutions listed in publicity material and on the Better Healthcare Technology Foundation website.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Signature** | **Date** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |