# Nomination Form

# Emerging Nurse / Midwife Leader

## Award Details

This Award recognises an emerging nursing or midwifery leader within the professions. Nominations acknowledge a registered nurse, enrolled nurse, registered midwife or nurse practitioner who has displayed leadership in:

* a research program
* a quality improvement activity
* an innovative project
* a change management program
* making a significant contribution to new or existing nursing or midwifery knowledge across health, the professions, and/or the community
* shaping and developing health care reform and policy to improve the health and wellbeing and health outcomes for the Tasmanian community, or
* a new leadership role

The nurse, midwife or nurse practitioner nominated in this category demonstrates excellence and is a role model for nurses and/or midwives. They display leadership which significantly contributes to excellence in nursing and/or midwifery practice. The nominee is a nurse/midwife that is highly regarded and seen as a future leader in their field.

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 context has the nominee excelled?
* How has the nominee demonstrated service worthy of recognition and why?
* 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? Why is this person inspiring to you?

**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 emerging nurse or midwife leader demonstrates leadership through undertaking and completing a research program, quality activity, project, or change management activity within their work unit or practice context. (approx. 250 words)   **40% Weighting** |
| 1. The emerging nurse or midwife leader has made a commitment to using evidence-based practice to improve health outcomes of care within the service / program / study. (approx. 250 words)   **40% Weighting** |
| 1. The emerging nurse or midwife leader shows passion for the nursing and/or midwifery professions by “going the extra mile” and by demonstrating a “can do” 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 : | First Name : | Surname : |
| 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