

**NOMINATION FORM**

* **Please complete ALL sections of nomination form (typed)**
1. The Nursing Excellence Awards are open to all nurses working within the Southern district catchment area across all settings and providers.
2. Applications can be submitted by individuals or teams but only individuals may receive an award.
3. An individual may be nominated for more than one award if they meet the criteria. A separate application should be submitted for each award.
4. Take note of the specific prompts under each award category and describe in detail how your nominee meets these requirements. Expand by adding your own points.
5. Tell the panel why your nominee “stands out”. What do they do that makes a difference?
6. Consider describing examples, whilst being sure to maintain confidentiality of others.
7. You are welcome to include testimonials from other health professionals to support your nomination.
8. Information provided in any nomination will be held by Te Whatu Ora Southern for the purpose of assessing the applications and promoting the awards.
9. In submitting a nomination, you and your nominee consents to the publication of some or all of the information contained within their nomination and their photo.
* **Nomination forms must be submitted on or before 5pm on 26 April 2023**
* **Email completed nomination form and jpeg photo of your nominee (with their permission) to** **NursingMidwiferyAwards@southerndhb.govt.nz**

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| **AWARD YOU ARE NOMINATING THE NOMINEE FOR** |
| **Category**  | **tick** |
| Clinical Excellence in Nursing Care Award  |  |
| Te Kete a Matariki Māori Nursing Award  |  |
| Pacific Nursing Award  |  |
| Nursing Leadership Award |  |
| Nursing Education Award |  |
| Nursing Research Award |  |
| Quality Improvement & Innovative Practice Award |  |
| Patient Safety Award |  |
| Rising Star Award  |  |
| Preceptor or Clinical Supervisor Award |  |
| New Graduate Nurse Award (NETP or NESP 2022 Cohort)  |  |

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| **NOMINEE DETAILS (The person who you are nominating’s details)** |
| **Full Name of Nominee:*****Please ensure preferred name and spelling is correct*** |  |
| **Nominee’s Current role:** |  |
| **Nominees’s Employer/Place of work:**  |  |
| **Nominee’s Line Manager:** |  |
| **Email address:****Cellphone number:** |  |
| **NOMINATOR DETAILS (Your details)** |
| **Your name:** |  |
| **Your current role:** |  |
| **Your employer/Place of work:**  |  |
| **Your contact email and cellphone number:** |  |

**Please tell us why you are nominating this person.**

**NB: Nominations must be type written in word document format below**

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| **Please summarise why you are nominating this nurse** (This information will be used to describe the winner of this award when it is presented**(150 words maximum)** |
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| **Please provide details of why you are nominating this person for the category indicated:*** Take note of the specific criteria under each award category
* Describe how the nominee meets the criteria and provide specific examples (whilst maintaining confidentiality)
* Explain why the nominee ‘stands out’ in what do they do to make a real difference
* You are welcome to include testimonials from other health professional to support your nomination

**(500 words maximum)** |
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**Nomination Checklist:**

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| **Tick** |  |
|  | **Nomination form completed fully and accurately in word**  |
|  | **Award category selected**  |
|  | **Supplementary sporting nomination evidence attached if applicable e.g. testimonials from others**  |
|  | **Electronic photo of nominee attached (jpeg head and shoulders, passport size preferable) with nominee’s permission** |

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Thank you for taking the time to submit your nomination