AChSHM Award for Outstanding Contribution

to Sexual Health Medicine 2024

**Nominations close: Tuesday, 15 October 2024, 5.00 pm AEDT**

Submit this nomination form together with supporting documentation in a PDF file

and email to [foundation@racp.edu.au](mailto:foundation@racp.edu.au) with the subject

“AChSHM Award for Outstanding Contribution to Sexual Health Medicine”

**Terms & Conditions:**

The College Terms and Conditions for [awards and prizes valued under $1000](https://www.racp.edu.au/foundation/terms-and-conditions/awards-and-prizes-valued-under-$1000) apply.

The College [Conflict of Interest Policy](https://www.racp.edu.au/docs/default-source/default-document-library/pol-conflicts-of-interest.pdf?sfvrsn=4) and [Privacy Policy](https://www.racp.edu.au/home/privacy/policy) apply.

**Nominee details:**

|  |  |
| --- | --- |
| MIN: |  |
| Title: |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Status: | Fellow |

**Nominated by:**

|  |  |
| --- | --- |
| MIN: |  |
| Title: |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Status: | Fellow  Trainee |

**Category for Nomination:**

Outstanding Contribution to Education and Training – Fellows who have contributed significantly to the Chapter’s Education, Training and Assessment programs

Outstanding Contribution to Research

**Eligibility:**

I confirm that the nominee:

is a registered Fellow of the Australasian Chapter of Sexual Health Medicine (AChSHM)

has not been a previous recipient of this award

is aware that I intend to nominate them and has granted any permissions necessary, including permission to use the citation provided in College communications, both print and digital.

**Provide a Statement of Support for the nominee below.**

Please provide an appreciation and evaluation of the contribution of the nominee over the relevant period. This must include details of the contribution made by the person nominated and the impact of these contributions on others and/or how these efforts have contributed in a meaningful way to either:

* Education and Training, or
* Research

|  |
| --- |
| *(Max 1000 words)* |

Has the nominee shown commitment and dedication to the discipline of Sexual Health Medicine above all expectations?

|  |
| --- |
| *(Max 300 words)* |

Does the nominee engage in a wide variety of services for the discipline of Sexual Health Medicine on a regular basis?

|  |
| --- |
| *(Max 300 words)* |

Why is the Nominee worthy of recognition for outstanding commitment to the discipline of Sexual Health Medicine?

|  |
| --- |
| *(Max 500 words)* |

**Supplementary Information:**

Please provide any further information that you consider may be of relevance.

|  |
| --- |
| *(Max 250 words)* |

Has the nominee’s contribution been recognised elsewhere (e.g. in the media, by other awards, professional/interest groups, local government or the College)?

|  |
| --- |
| *(Max 250 words)* |

**Supporting Documentation Required:**

Two signed letters of support from referees, other than the nominator

(provide details on the following page)

I certify that:

I have read the Terms and Conditions for [awards and prizes valued under $1000](https://www.racp.edu.au/foundation/terms-and-conditions/awards-and-prizes-valued-under-$1000) and as nominator agree to abide by them.

The information supplied in this nomination is true and correct. I understand that the Royal Australasian College of Physicians may wish to verify this information with any institution or individual. The nominee and I consent to such inquiries being made as part of the selection process.

Signature: Date:

# REFEREE DETAILS

Two letters of support from referees **must** be submitted. Referees must be able to make direct comment on the contribution/service of the Fellow you are nominating.

# REFEREE A

|  |  |
| --- | --- |
| Title: |  |
| Name: |  |
| MIN (if applicable): |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |

**REFEREE B**

|  |  |
| --- | --- |
| Title: |  |
| Name: |  |
| MIN (if applicable): |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |