# NOMINATION FORM

AFPHM President’s Awards for Outstanding Contribution to the Australasian Faculty of Public Health Medicine

**Nominations close: Wednesday, 31 January 2024, 5.00 p.m. AEDT**

Submit this nomination form together with supporting documentation in PDF format

and email to foundation@racp.edu.au with the subject

“AFPHM President’s Awards for Outstanding Contribution”

**Terms & Conditions:**

The College [Terms and Conditions](https://www.racp.edu.au/docs/default-source/foundation/terms-conditions-prizes.pdf) for College Awards and Prizes 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/docs/default-source/default-document-library/pol-privacy-personal-information.pdf?sfvrsn=4) apply.

**Nominee details:**

|  |  |
| --- | --- |
| MIN: |  |
| Title (eg Dr, Prof):  |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Status: | [ ]  Fellow [ ]  Trainee |

**Nominated by:**

|  |  |
| --- | --- |
| MIN: |  |
| Title (eg Dr, Prof):  |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Status: | [ ]  Fellow [ ]  Trainee |

**Category for Nomination:**

[ ]  AFPHM President’s Award for Outstanding Contribution by a Fellow

[ ]  AFPHM President’s Award for Outstanding Commitment by a Trainee

**Eligibility:**

I confirm that the nominee:

[ ]  is a registered Fellow or active trainee of the AFPHM

[ ]  has not received an AFPHM President’s Award within the last three years

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

Please provide an appreciation and evaluation of the contribution of the nominee. 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:

* Education & Training
* Policy & Advocacy
* Trainee Commitment
* other

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

Please outline below how the nominee provided an extraordinary contribution to the Faculty over a sustained period of time and/or to a significant number of people.

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

Please demonstrate below how the nominee has shown commitment and dedication to the Faculty above all expectations.

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

Please provide information as to how the nominee engages in a wide variety of services for the Faculty on a regular basis.

|  |
| --- |
| *(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:**

[ ]  CV of nominee (including a 1-page Executive Summary if over 7 pages)

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

(provide details on the following page)

**Other supporting documentation** (up to 2 documents with no more than 3 pages each):

[ ]  I have read the award [terms and conditions](https://www.racp.edu.au/docs/default-source/foundation/terms-conditions-prizes.pdf) and as nominator agree to abide by them.

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

Signature:

Date:

**REFEREE DETAILS** (up to two letters of support from referees must be submitted)

Referees must be able to make direct comment on the contribution/service of the Fellow or trainee 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: |  |