The College Medal 2025

*The College Medal is awarded in recognition of
outstanding contribution to medical practice, healthcare and/or health of communities*

**Closing date: 5pm AEST, Monday, 30 September 2024**

Submit this nomination form together with supporting documentation in a PDF file and email to foundation@racp.edu.au with the subject “The College Medal”.

***Note:*** *A nomination is not complete and cannot be progressed unless all required documentation is provided.*

**Terms & Conditions:**

The [Terms and Conditions for College meritorious awards and prizes by nomination](https://www.racp.edu.au/foundation/terms-and-conditions/meritorious-awards-by-nomination) 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: |  |
| Division / Faculty / Chapter: |  |

**Nominated by:**

|  |  |  |  |
| --- | --- | --- | --- |
| MIN: |  | Status: | [ ]  Fellow [ ]  Trainee |
| Title:  |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Division / Faculty / Chapter: |  |

**Nominator’s relationship to Nominee** (please give details of any professional relationship and/or personal knowledge)**:**

|  |
| --- |
| *(Max 150 words)* |

**Eligibility:**

I confirm that the nominee:

[ ]  is a Fellow of The Royal Australasian College of Physicians, its Faculties or Chapters;

[ ]  is not a current College Board member;

[ ]  is not a current College staff member;

[ ]  has not been a previous recipient of the “College Medal”;

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

The College Medal criteria is aligned to the College Motto “*hominum servire saluti”* (“*to serve the health of our people*”) and recognises contributions by a Fellow to improve the health of the/our people.

Please set out details of how you believe the nominee has demonstrated the following in relation to the College Motto and improving the health of the/our people:

1. **Contribution to medical practice, healthcare and/or health of communities**
* The nominee must have made a significant contribution to medical specialist practice through physician activities

|  |
| --- |
| *(Max 150 words)* |

1. **Professional Leadership**
* Evidence of outstanding leadership in developing and promoting local, national and/or international initiatives that have made a significant impact to medicine and/or the health of communities

|  |
| --- |
| *(Max 150 words)* |

1. **Advocacy**
* Significant advocacy on behalf medical specialists/physicians in policy, research or other areas of importance.

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| --- |
| *(Max 150 words)* |

1. **Representation**

Playing integral roles in:

* Establishing and maintaining relationships and/or collaborations with domestic or international organisations on behalf of the medical profession, in particular of medical specialists
* Promoting College members and their interests within Australia and/or Aotearoa New Zealand

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| --- |
| *(Max 150 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)

[ ]  Citation for the nominee (up to 200 words) – *optional, to be used in College communications (print and digital) if the nomination is successful*

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

I certify that:

[ ]  I have read the [Terms and Conditions for College meritorious awards and prizes by nomination](https://www.racp.edu.au/foundation/terms-and-conditions/meritorious-awards-by-nomination) 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: |  |