# Howard Williams Medal 2023

**Nominations close: Monday, 15 August 2022, 5.00 p.m. AEST**

Submit this nomination form together with supporting documentation in PDF format and email to [foundation@racp.edu.au](mailto:foundation@racp.edu.au) with the subject “Howard Williams Medal”

**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: |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| I confirm that the nominee:  is a Fellow of the Royal Australasian College of Physicians (may be a member of a Division, Faculty or Chapter) | |

*Note: Nominations of non-Fellows will only be considered where there are exceptional circumstances*

**Nominated by:**

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

Nominator to provide a Statement of Support for the nominee below:

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

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

|  |
| --- |
| *(Max 200 words)* |

In this section, please set out details of how you believe the nominee has demonstrated the following:

**Education and Teaching**

1. Evidence of national and/or international contribution to leadership and innovation in teaching and professional education
2. Involvement in undergraduate and postgraduate education at a national and/or international level.

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| *(Max 150 words)* |

**Research**

1. Research contributions of national and/or international significance, with dissemination in peer reviewed national/international publications, and other international forums, e.g. presentations by invitation in plenary sessions at meetings of national and/or international significance
2. Evidence of national and/or international competitive research funding.

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| *(Max 150 words)* |

**Professional service/leadership**

1. Recognition as an expert in child and/or youth health at a national and/or international level
2. Leadership of national and/or international organisations
3. Senior administrative leadership in University, Hospital or other professional organisations.

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| *(Max 150 words)* |

**Policy and Advocacy**

1. Involvement in the development of policy at a national and/or international level
2. Recognition as an advocate for children and young people at a national and/or international level

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| *(Max 150 words)* |

**Contribution to disadvantaged groups**

Evidence of contribution/s locally, nationally and/or internationally to disadvantaged children and young people, including from:

1. Indigenous groups
2. Refugee groups
3. Rural and remote areas
4. Low socioeconomic groups

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| *(Max 150 words)* |

**Supporting Documentation Required:**

CV of nominee (maximum 5 pages)

One signed letter of support from one referee, 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*

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.**

**I understand that this nomination is to remain confidential, and that the nominee should not be made aware of their nomination unless successful.**

Signature:

Date:

**REFEREE DETAILS** (one letter of support from a referee **must** be submitted)

Referee must be able to make direct comment on the contribution/service of the Fellow you are nominating.

|  |  |
| --- | --- |
| Title: |  |
| Name: |  |
| MIN: |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |

Comments

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| --- |
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