# Nomination Form

# Team Excellence in Practice

## Award Details

Team Excellence in Practice (Self-nomination allowed for this category)

This Excellence Award acknowledges a team of nurses and/or midwives who provide a service/ program/ study that benefits consumers and/or the Tasmanian community.

The team of two or more nurses or midwives demonstrate an exceptional group effort to advance clinical care and the consumer experience. All members demonstrate excellence in their roles, and they contribute to achieving positives outcomes for consumers and the team.

This Excellence Award will be presented to the team that:

* Demonstrates their extraordinary commitment to person centred care
* Create innovative and evidence-based practice models that improve health outcomes
* Contributes to the development of others within and outside of the team

Please describe why you think this team deserves to be recognised for this honour. As a guide, you may wish to consider some of the following questions:

* In what role(s) or area(s) have the team excelled?
* How has the team demonstrated service worthy of recognition?
* Has the team’s contribution been recognised elsewhere (e.g. in the media, by other awards, professional/interest groups or through local government)?
* What makes this team stand out from others?
* What is inspirational about this team?

**Please include examples where possible.**

## Completing this Application Form

You have two options:

* complete this form on the computer and then submit it via the submission portal at the end of this form or,
* print the form, complete it manually and submit it via the submission portal at the end of this form.

Please ensure you have provided all requested information

## Nominee Details (enter details for each team member)

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | (Mr /Ms /Mrs /Miss/Dr/Other) | |  |
| First Name(s): |  | Surname: |  |
| Work Role: |  | Workplace: |  |
| Phone Number: | Mobile: | Work: | |
| Email Address: | ***ALL*** *formal communication will occur by email so please ensure this information is correct* | | |
| Home Address: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | (Mr /Ms /Mrs /Miss/Dr/Other) | |  |
| First Name(s): |  | Surname: |  |
| Work Role: |  | Workplace: |  |
| Phone Number: | Mobile: | Work: | |
| Email Address: | ***ALL*** *formal communication will occur by email so please ensure this information is correct* | | |
| Home Address: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | (Mr /Ms /Mrs /Miss/Dr/Other) | |  |
| First Name(s): |  | Surname: |  |
| Work Role: |  | Workplace: |  |
| Phone Number: | Mobile: | Work: | |
| Email Address: | ***ALL*** *formal communication will occur by email so please ensure this information is correct* | | |
| Home Address: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | (Mr /Ms /Mrs /Miss/Dr/Other) | |  |
| First Name(s): |  | Surname: |  |
| Work Role : |  | Workplace: |  |
| Phone Number: | Mobile: | Work: | |
| Email Address: | ***ALL*** *formal communication will occur by email so please ensure this information is correct* | | |
| Home Address: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | (Mr /Ms /Mrs /Miss/Dr/Other) | |  |
| First Name(s): |  | Surname: |  |
| Work Role: |  | Workplace: |  |
| Phone Number: | Mobile: | Work: | |
| Email Address: | ***ALL*** *formal communication will occur by email so please ensure this information is correct* | | |
| Home Address: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | (Mr /Ms /Mrs /Miss/Dr/Other) | |  |
| First Name(s): |  | Surname: |  |
| Work Role: |  | Workplace: |  |
| Phone Number: | Mobile: | Work: | |
| Email Address: | ***ALL*** *formal communication will occur by email so please ensure this information is correct* | | |
| Home Address: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | (Mr /Ms /Mrs /Miss/Dr/Other) | |  |
| First Name(s): |  | Surname: |  |
| Work Role: |  | Workplace: |  |
| Phone Number: | Mobile: | Work: | |
| Email Address: | ***ALL*** *formal communication will occur by email so please ensure this information is correct* | | |
| Home Address: |  | | |

If there are more members in the nominated team please provide their details on a separate page.

## Address the Following Criteria

|  |
| --- |
| 1. The team works in exceptional ways to provide a service or program that enhances person centred care that benefits consumers, their family and/or carers. (approx. 250 words)   **40% Weighting** |
| 1. The nominated team has made an exceptional contribution using an innovative and creative evidenced-based practice model to improve health outcomes of care within their service/program/study. (approx. 250 words)   **40% Weighting** |
| 1. The nominated team shows passion for the nursing and/ or midwifery professions by going the extra mile and by demonstrating a ‘can do’ positive attitude. (approx. 250 words)   **20% Weighting** |

## Please Note :

An independent judging panel will assess all nominations to determine their suitability for this Excellence Award. It is advisable to include as much detail as possible to assist the judges in their deliberations.

You are encouraged to include any supporting information such as newspaper articles, publications, letters of commendation. These need to be submitted with this application form.

At the discretion of the judging panel, further information may be sought to support this nomination.

## Nominator and Manager Details

Please provide details of the nominator and a professional referee who can make comment on the contribution or service of the team you are nominating.

### Nominator Details

|  |  |  |
| --- | --- | --- |
| Title : (Mr /Ms /Mrs /Miss/Dr/Other) | |  |
| First Name(s): |  | Surname: |
| Position: |  | Job Title: |
| Name of Employer: | Surname: | First Name: |
| Phone Number: | Mobile: | Work: |
| Email Address: | ***ALL*** *formal communication will occur by email so please ensure this information is correct* | |

### Manager Details

|  |  |  |
| --- | --- | --- |
| Title : (Mr /Ms /Mrs /Miss/Dr/Other) | |  |
| First Name(s): |  | Surname: |
| Position: |  | Job Title: |
| Phone Number: | Mobile: | Work: |
| Email Address: | ***ALL*** *formal communication will occur by email so please ensure this information is correct* | |
| Is the Manager aware of this nomination:  Yes or  No? | | |

## Application Submission

To submit your nomination for this Excellence Award category please visit the [submission portal](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcdesign.eventsair.com%2F2021-tnmsa%2Fnomination-portal&data=04%7C01%7Cdana.gray%40health.tas.gov.au%7Caf4ad0fe89954e52954408d9258c2d88%7C126fd8932f1f4b50beff2f146cbb7740%7C0%7C0%7C637582106255503930%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=wLJLlipZ5ahYDZLiVt29OOUPMggCcjFZSrZmq3iwx2s%3D&reserved=0)

For enquiries regarding submission of this form, please contact [mail@conferencedesign.com.au](mailto:mail@conferencedesign.com.au)

For enquiries regarding the *Tasmanian Public Sector Nursing and Midwifery Excellence Award* categories, please contact the Office of the Chief Nurse and Midwife [ocnm@health.tas.gov.au](mailto:ocnm@health.tas.gov.au) or (03) 6166 1570.