Nomination Form

For the category of:

Clinical Practice - Metropolitan and Rural & Remote
Enrolled Nurse

Nominee’s Name____________________________________

Nominator’s Name____________________________________

Nominations close
11:59 pm, Sunday 22 February, 2015
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Author: Nursing & Midwifery Office, SA Health
Title: 2015 South Australian Nursing & Midwifery Excellence Awards

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Clinical Practice Metropolitan and Rural & Remote Award (Enrolled Nurse)

What the selection panel are looking for – selection criteria

The selection panels will consider each nomination for the category of **Clinical Practice - Metropolitan and Rural & Remote (Enrolled Nurse)** against the following criteria. All nominations for this category must meet these criteria.

The nominee nurse or midwife must demonstrate:

- an excellent standard of practice and professional performance (such as a commitment to safe and high quality care and active participation in professional/community organisations) in their chosen field;
- strong, credible and supportive leadership (which includes acting as a role model and advocate) and the ability to promote change (innovation and application of evidence in practice) within the workplace, the community and the profession;
- an active role in the development of colleagues and education of the community as well as personal commitment to continuous learning and professional development;
- the ability to instigate, develop, coordinate and/or participate in projects/programs that have resulted in positive outcomes and foster and advance the health and wellbeing of the community.

2014 Winner Profile: Metropolitan and Rural & Remote Clinical Practice (EN) – Bronwyn Heard

Bronwyn is an Enrolled Nurse and works at the Murray Bridge Soldier’s Memorial Hospital and at Glenside.

In 2012 Bronwyn was given the opportunity to work as the coordinator of the "Steps to Wellbeing" program as part of the Murray Mallee Community Mental Health team. This is a recovery focused community program for clients of the Mental Health team and has been a most rewarding challenge that she has undertaken.

Bronwyn looks forward to continuing her career as an Enrolled Nurse and the opportunity to be able to care and support patients in their recovery from a diverse range of illness
How to Nominate

1. Complete this nomination form with reference to the selection criteria as found on page 3 of this form. A full list of criteria for each category can be found in the Guidelines for Nomination.

2. Complete the checklist on page 5 of this form.


Before you start

Please complete this nomination form in conjunction with the Guidelines for Nomination. At the end of the process you will be required to certify that you have read and understand the eligibility criteria and the terms and conditions as outlined in this supporting document.

We suggest that both the nominator and nominee work together to complete the nomination form accurately and completely. You will need to gather the following information/documents to complete the nomination form:

1. Nominee’s CV/Resume.
2. Nominee’s current practising certificate number.
3. Nominee’s contact details including home address, mobile telephone number and email.
4. Contact details for the Chief Executive Officer, Executive Director of Nursing/Midwifery, Director of Nursing/Midwifery or relevant line manager of the nominee.

The Nursing and Midwifery Office welcomes public nominations for the Nursing and Midwifery Excellence Awards. Please contact the Nursing and Midwifery Office on (08) 8226 5897 or via email nursing@health.sa.gov.au if you are a patient, consumer or member of the public nominating an outstanding nurse or midwife. The Nursing and Midwifery Office can provide assistance for these types of nominations.
Nomination Checklist

Please use the checklist below to ensure that you have completed all requirements prior to submission of your nomination.

☐ Review the criteria on pages 6 - 8 of the Guidelines for Nomination and decide on the appropriate nomination category.

☐ Read the Eligibility Criteria on page 5 of the Guidelines for Nomination and confirm that the nominee meets all the eligibility criteria.

☐ Read the Terms and Conditions on page 10 of the Guidelines for Nomination.

☐ Provide the nominee’s current practising certificate number on page 6 of the nomination form.

☐ Attach a copy of the nominee’s CV.

☐ Attach a 100 word profile of yourself (refer to the above example)

☐ Complete all questions relating to the selection criteria, providing examples of how the nominee meets the selection criteria. Please write no more than 500 words per answer as any additional material will not be considered by the selection panel.

☐ Provide contact details for the nominee’s Chief Executive Officer, Executive Director of Nursing/Midwifery, Director of Nursing/Midwifery or relevant line manager for the approvals process.

☐ Nominee and Nominator must check the box on pages 8 and 9 acknowledging that you have read and understand the eligibility and terms and conditions as set out in the Guidelines for Nomination.

☐ Submit your nomination by the closing date – 11:59 pm Sunday 22 February 2015
Personal Information - Nominator
As part of the process, we ask that you provide your full contact details and relationship to the nominee so we can keep you informed on the progress of the nomination.

Please indicate your relationship to the nominee:

☐ Director/Manager  ☐ Colleague  ☐ Patient/Consumer
☐ Other (please specify)

Name:
Role/Current Position:
Designation (eg RN/RM/EN or N/A):
Organisation:
Address:
Suburb:  State:  Postcode:
Telephone:  Mobile:
Email address:

Personal Information - Nominee
As part of the process, we ask that you provide your full contact details so we can keep you informed on the progress of the nomination.

Name:
Home Address:
Suburb:  State:  Postcode:
Home Telephone:  Mobile:
Email Address:
Name of organisation you are employed by:
Role/Current Position:
Nominee’s current practising certificate number:
Designation (eg RN/RM/EN):
Work Address:
Suburb:  State:  Postcode:
Work Telephone:  Facsimile:
Work Email:
Business Postal Address:
(if different from above)
Suburb:  State:  Postcode:
Employment/Experience

Nominee's current CV/resume:
Please attach a copy of the nominee’s current CV/resume here. This should detail the following information:

» Education/qualifications
» Current and recent employment
» Summary of current duties undertaken
» Career highlights/Awards/Honours/Scholarships

Profile
Please attach a **100 word** profile of yourself, or your team here.

<table>
<thead>
<tr>
<th>Supporting Evidence of Nomination - General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe how the nominee demonstrates an excellent standard of practice and professional performance (such as a commitment to safe and high quality care and active participation in professional/community organisations) in their chosen field. (max. 500 words)</td>
</tr>
</tbody>
</table>

Describe how the nominee demonstrates strong, credible and supportive leadership (which includes acting as a role model and advocate) and the ability to promote change (innovation and application of evidence in practice) within the workplace, the community and the profession. (max. 500 words)

Describe how the nominee demonstrates an active role in the development of colleagues and the education of the community as well as a personal commitment to continuous learning and professional development. (max. 500 words)

Describe projects/programs that the nominee has instigated, developed, coordinated and/or participated in that have resulted in positive outcomes and foster and advance the health and wellbeing of the community. (max. 500 words)
Declaration

Nominee

I _________________________________ (please insert your full name) have been nominated for the Metropolitan and Rural & Remote Clinical Practice (Enrolled Nurse) category, Nursing and Midwifery Excellence Award 2015 and accept the nomination terms and conditions as described in the Guidelines for Nomination. To the best of my knowledge, the information provided in this nomination form is complete, accurate and meets the selection criteria for this Award.

I agree to my employer being notified of my nomination for this Nursing and Midwifery Excellence Award and I understand that as a condition of my nomination, the Nursing and Midwifery Office will gain written support for my nomination from my Chief Executive Officer, Executive Director of Nursing/Midwifery, Director of Nursing/Midwifery or relevant line manager. The contact details for this person are listed below:

Name:
Telephone:
Email address:

☐ I have read the eligibility criteria and terms and conditions as outlined in the Guidelines for Nomination document.

Date: / /
Nominator

I ___________________________________________ (please insert your full name) nominate ___________________________________________ (please insert nominee’s full name) for the Metropolitan and Rural & Remote Clinical Practice (Enrolled Nurse) category, Nursing and Midwifery Excellence Award 2015 and accept the nomination terms and conditions as described. To the best of my knowledge, the information provided in this nomination form is complete, accurate and meets the selection criteria for this Award.

☐ I have read the eligibility criteria and terms and conditions as outlined in the Guidelines for Nomination document.

Date: / / 

Privacy Statement

Consistent with the South Australian Government policy and legislation, the SA Health endorses fair information handling practices. The judging panel will only use private and personal information supplied to assist their decision-making. Information will not be disclosed or used for any other purpose (including publicity) without the express consent of the person to whom the information relates, unless otherwise required by law.