# Nomination Form

# Team Excellence in Practice

## Award Details

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

This Award recognises a team that includes at least two nurses or midwives who demonstrate an exceptional group effort in the advancement of clinical care. All members of the team must demonstrate excellence in their roles and contribute to the outcomes of the team. At least two members of this team must be a nurse or midwife. This Award will be presented to the team that:

* Demonstrates their extraordinary commitment to patient centred care
* Creates and demonstrates innovative clinical practice which delivers improved quality patient care
* Contributes to the development of others within and outside of the team
* Develops innovative strategies to ensure a healthy dynamic environment that advances the Tasmanian Department of Health / Tasmanian Health Service or Department of Education goals and objectives

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 context has the team excelled and why?
* How has the team demonstrated service worthy of recognition?
* What makes this team stand out from others?
* Why is this team inspiring to you?

**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 nominated team works in exceptional ways to provide a service or program that enhances person centred care benefiting patients, their family and/or carers. (approx. 250 words)   **40% Weighting** |
| 1. The nominated team has made an exceptional contribution using an innovative and creative evidence-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 the nominated teams suitability for this Award. It is advisable to include as much detail as possible to assist the judges in reaching a decision.

You are encouraged to include any supporting information such as newspaper articles, publications. These need to be submitted with this application form. Please supply the support documents in the following format: nominee’ Surname.firstname\_nameofdoc.PDF (i.e. - smith.sam\_mercury newspaper.pdf)

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

## Referee and Manager Details

Professional referee details. Details of a referee who can make direct comment on the contribution or service of the nurse or midwife that you are nominating.

### Referee Details

|  |  |  |
| --- | --- | --- |
| Title : (Mr /Ms /Mrs /Miss/Dr/Other) | |  |
| First Name(s) : |  | Surname : |
| Position : |  | Job Title : |
| Name of Employer : | Surname : | First Name : |
| Phone Numbers : | 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 Numbers : | 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 a nurse or midwife in this Award category please go to the [submission portal](https://cdesign.eventsair.com/2020-public-sector-nursing-and-midwifery-excellence-awards/nomination-portal)

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

Any enquiries regarding the Excellence Awards categories, please contact either the

* Office of the Chief Nurse and Midwife [ocnm@health.tas.gov.au](mailto:ocnm@health.tas.gov.au) or (03) 6166 1570
* Statewide Executive Director of Nursing and Midwifery Office [edonm@ths.tas.gov.au](mailto:edonm@ths.tas.gov.au) or (03) 6166 2768