**NOMINATION FORM**

Honour Roll

The **Honour Roll** is a prestigious award, recognising and celebrating an individual whose commitment and service to the community goes beyond their paid employment and career achievements, and whose role modelling behaviour inspires others.

The Aboriginal and Torres Strait Islander Health Worker and Practitioner Honour Roll, is an acknowledgment bestowed upon an individual who has made significant positive contributions and a commitment to developing the profession and/or improving the health and wellbeing of individuals and the community.

The individual receiving this award will have no statutory authority or obligations, however the profession would like to be able to respectfully promote their story to inspire others.

In addition to public nominations, NT Health will seek nominations through relevant stakeholders, non-government organisations and government agencies as applicable.

**ELIGIBILITY:**

In order to be eligible, the recipient of this award will need to be an individual that is:

* currently working and/or retired
* Aboriginal and/or Torres Strait Islander
* Aboriginal and/or Torres Strait Islander Health Worker and/or Practitioner

**SELECTION CRITERIA:**

* Length of service & achievements; what have they achieved over this period
* Significant contribution (what did they do and how have others benefited)
* Demonstrated role model & inspiration to others
* Demonstrated commitment to the health & well-being of others

Unsuccessful nominees may be re-nominated in subsequent years.

**SUBMISSION:**

In order to maximise the impact of the nomination, substantiative statements about the nominee’s significant contribution, achievements and demonstrated excellence in their field for each criteria is required.

It is strongly recommended that any nomination submitted include consent from individuals and/or family members prior to being submitted.

**NOMINEE DETAILS:**

|  |  |
| --- | --- |
| Name of nominee: | Click or tap here to enter text. |
| Name of family member: | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Nominated by: | Click or tap here to enter text. |
| Endorsed by: | Click or tap here to enter text. |

SELECTION CRITERIA

In order to maximise the impact of your nomination, please provide substantiative statements where possible, making it clear to the selection panel why the nominee is superior and should receive the award.

**Provide a brief outline of your reasons for nominating the individual:**

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| Click or tap here to enter text. |

**History of Service**

*Provide details of the nominee’s history of service. If possible indicate positions of influence and leadership, any board or committee appointments etc.*

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| --- | --- | --- | --- |
| Year | Position Held | Location | Notable achievements |
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**Voluntary Work**

*Detail any voluntary work beyond paid employment undertaken by the nominee and outcomes achieved. If possible, detail why the nominee undertook volunteer work.*

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| Click or tap here to enter text. |

**Achievements and significant contributions**

How have the nominee’s achievements and significant contributions made positive improvement and change for their community, clients and profession? Have they left any lasting legacies still in use today? This may include challenges faced or sacrifices made by the nominee.

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| Click or tap here to enter text. |

**Clinical Practice**

*Detail how the nominee interacts in a clinical setting and any demonstrated acts of kindness, empathy, compassion to clients and work colleagues. How have they walked in two worlds and utilised their positive and proactive attitude to change and/or try new approaches***?**

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| Click or tap here to enter text. |

**Leadership and Influence**

*How has the nominee’s leadership and influence made positive changes, such as policy or practice change, for the better for their community, client and/or profession. How have they “made a difference” in some way? How have they inspired others in improving Aboriginal health and wellbeing? Are they recognised as a role model?*

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| Click or tap here to enter text. |

**Other supporting statements**

*This may include any stories of the nominee or statements form their peers.*

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***Please use a separate sheet if necessary.***

YOUR DETAILS

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Relationship to the nominee: | Click or tap here to enter text. |

**DISCLAIMER:**

*I have discussed this nomination with the nominee and/or their respective family members and they have agreed to this nomination.*

|  |  |
| --- | --- |
| Signature: |  |
| Date: | Click or tap here to enter text. |

SUBMISSION

Nominations close 5pm on Sunday 21 July 2019.

Completed nominations should be sent to **Aboriginal Workforce Development, NT Health**:

**Email** [**ATSIHPexcellenceawards.doh@nt.gov.au**](mailto:ATSIHPexcellenceawards.doh@nt.gov.au)

**Mail:**  PO Box 40596 CASUARINA NT 0811

FURTHER INFORMATION

Contact Aboriginal Workforce Development on (08) 8992 9999

PRIVACY STATEMENT

The Northern Territory Government only uses information collected for the purpose for which it was supplied and such information will not be disclosed or used for any other purpose without the express consent of the person to whom the information relates, unless required by law.