

Sample form, not for offline completion.

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Excellence in Nursing

This award recognises the outstanding performance of an Enrolled Nurse or Registered Nurse and/or Midwife, delivering an exemplary standard of practice, providing evidence-based culturally sensitive and person-centred care.

Who is eligible? Open to Enrolled Nurses and Registered Nurses/Midwives.

Individual/team name or program/project title

Who are you nominating?

▼

Myself

Colleague or their team/project/program

Nomination type

- ☐ Individual
- ☐ Team
- ☐ Program
- ☐ Project

Provide your contact details below

First name

Surname

Position title

Hospital/Health Service (optional)

Best contact number

Email

Provide the details of the person you are nominating below.

Please ensure the nominee is aware of this nomination and agrees to be nominated as they will become the main contact.

First name

Surname

Position title

Hospital/Health Service (optional)

Best contact number

Email

Merits and outcomes

300 words

Refer to the description of the award category being applied for and detail how the nominee has improved health outcomes as a result. (300 words max)

Evidence

300 words

Provide examples or describe how the nominee has demonstrated excellence and/or exceeded what could be expected as part of the role of the individual / team / project / program. (300 words max)

☐ I confirm, to the best of my knowledge, the nominee is eligible to enter the selected award category and I have received consent from the nominee for the nomination.

☐ This nomination has been endorsed by the relevant Team Leader/Manager or Director/Executive Director.

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