

# Silver Fern Award

For excellence in Health Service Leadership and Management



## Nomination Form

**Nominee's Full Name:**

**Title:**

**Organisation:**

**Locality:**

1. What status does the nominee currently hold in ACHSM-Aotearoa?

- Life-member
- Fellow
- Associate Fellow
- Member
- Student Member

2. Is the nominee presently in a health or disability sector leadership/management role or related field e.g. academia, research, policy?

Yes  No

If yes, give a brief explanation of the role:

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3. The ACHSM - Aotearoa Silver Fern Award recognises leadership accomplishment in at least 3 or more of the following areas (circle the relevant area):

- (a) Demonstrated Leadership excellence (including of extra-ordinary events)
- (b) Innovation in field of endeavour
- (c) Commitment to professional and/or workforce development
- (d) Achieved improved population or service outcomes
- (e) Management of significant and complex change
- (f) Significant contribution to evidence-based practice, policy and/or patient care outcomes

Please state in an *attached* narrative the achievements this nominee has made in these areas, or other similar areas, that provide evidence of a significant contribution.

4. In your opinion, has the nominee shown active involvement in ACHSM-Aotearoa in its programs and activities?

Yes  No

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If yes, in which ways has he/she shown such involvement?

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5. List local, regional and national health or disability related systems and/or organisations in which the nominee has been active. Designated offices or leadership positions held.

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6. State if the nominee is the author of published articles, or professional papers, or if they have been active in giving relevant presentations.

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7. List any other honours or awards that have been afforded the nominee.

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8. To the best of my knowledge [*nominee's name*] \_\_\_\_\_ is deserving of consideration for the ACHSM - Aotearoa Silver Fern Award for Excellence in Health Service Leadership and Management.

**Principal Nominator's Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

**ACHSM-A Membership:**

- |                  |                       |                |                       |
|------------------|-----------------------|----------------|-----------------------|
| Life-member      | <input type="radio"/> | Member         | <input type="radio"/> |
| Fellow           | <input type="radio"/> | Student Member | <input type="radio"/> |
| Associate Fellow | <input type="radio"/> |                |                       |

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

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### Nomination supported by the following two supporters

One of whom is an ACHSM-Aotearoa member:

**Supporter's Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

ACHSM-A member: Yes  No

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Supporter's Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

ACHSM-A member: Yes  No

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

- Nominations must be received by **5pm on 1 June**.
- **Please return to:** ACHSM-Aotearoa National Council [aotearoa@ACHSM.org.au](mailto:aotearoa@ACHSM.org.au)