

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:

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?

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.

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

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

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