

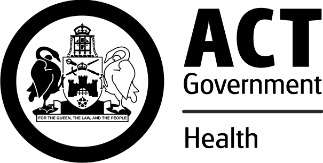
**2018 ALLIED HEALTH AWARDS FOR EXCELLENCE**

**GUIDE TO COMPLETING THE NOMINATION FORM**

* The nomination form contains Macros which enable you to use your cursor to place a tick in the required check box. When you open this document you will need to click on the Options tab at top left of screen and select “**Enable this Content”**.
* There are 3 criteria and each must be addressed.
* A number of capabilities and behaviours that align with each criterion are provided however these do not need to be addressed individually-they are intended as a guide only;
* Maximum of 1-1½ pages per criterion;
* Supporting documentation **does not need to be attached** with your application, however please be advised that the Assessment Panel may subsequently request evidence from the nominator to help inform their evaluation of the nomination;
* Your nomination must be signed off by the relevant Director(s) of Allied Health.
* Nominations that include 2 or more people must be submitted either in the Team Excellence category or the Research Excellence category.
* **Early Career Excellence- Definition of Early Career Allied Health Professional**

- Eligible allied health professional who commenced as a new graduate with ACT Health or Calvary Public Hospital Bruce on or after 01 January 2014.

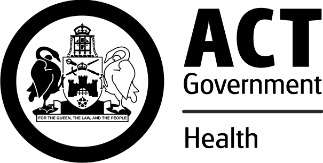
It is important to note that early career allied health professionals are likely to come from a range of age groups and as such the above definition of an early career allied health professional is not limited to young people per se.



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**NOMINATION APPLICATION FORM**

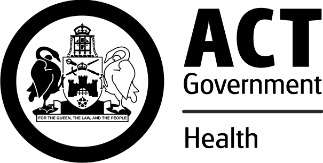
|  |
| --- |
| Nominee Name: **……………………………………………………………………………………………..**  **Permanent Employee?**    **OR**  **Continuous 12 month temporary contract for at least 12 months as at 28/02/2018?**    **AND**  Employed as an eligible Allied Health Professional?    State profession of nominee here**: …………………………………………………………………………**  Current Position Title: **……………………………………………………………………………………..**  Current Division: ……………………………………………………………………………………………….  Has nominee been advised of and agreed to this nomination?    Please identify which award category you are nominating for:          Please provide email address for the nominee: ……………………………………………………... |
| **Nomination submitted by:**  (please write name clearly)  ………………………………………………………………………………………………………..  Position Title :  …………………………………………………………………………………………………………  Contact Details:  Phone/s:  Email: |



**2018 ALLIED HEALTH AWARDS FOR EXCELLENCE**

**CRITERION 1: EXCELLENCE**

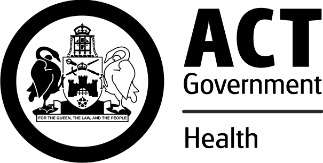
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| Your statement of claims against this criterion should summarize how the nominee’s skills and expertise in the nominated award category demonstrate significant outcomes associated with **Excellence** in the provision of client[[1]](#footnote-1) care and/or the provision of non-clinical professional or technical service delivery.  The capabilities and behaviours listed below do not need to be addressed individually and are intended as a guide only.   * Has made a significant contribution to the improvement of services for clients, carers, the community or their service-for example service quality, service access, innovative and sustainable services or service infrastructure; * Uses a facilitative model of engagement with clients/stakeholders and delivers services organised around client/stakeholder needs; * Participates in the education of staff, peers, patients, families and community members; * Contributes to excellence through innovation and initiatives such as research, quality improvement activities and/or the implementation of evidence-based practice; * Contributes innovative, progressive and sustainable ideas such that an innovative practice could be replicated or adapted in other settings, that there are plans for continuation or expansion of a program or project or that there is evidence of new ways of working using existing resources to meet the needs of the service; * Has shown a dedicated, long-term commitment to service delivery; * Receives positive feedback from clients/patients/carers or other stakeholders; * Demonstrates commitment to and/or implementation of evidence based best practice. |
| Response- maximum 1-11/2 pages (A4)  Start typing here> |



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**CRITERION 2: INTEGRITY**

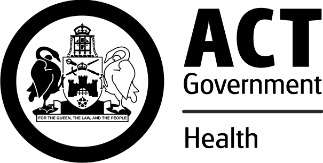
|  |
| --- |
| Your statement of claims against this criterion should summarize how the nominee’s skills and expertise in the nominated award category demonstrate significant outcomes associated with **Integrity.**  The capabilities and behaviours listed below do not need to be addressed individually and are intended as a guide only.   * Has enhanced the image of their discipline and/or allied health professionals more broadly within ACT Health or Calvary Public Hospital Bruce or through the views of external agencies and/or the ACT community; * Recognised as a leader and change agent in the community or profession; * Demonstrates outstanding and effective leadership-including capacity building, workforce re-design, clinical leadership skills, facilitating new models of care and/or work practices in either clinical, education, management/leadership or research; * Demonstrates application of innovative thinking including new ways of working that have improved the efficiency, effectiveness and integrity of client/patient care; * Articulates and advances the roles of allied health professionals across health care services and settings; * Demonstrated ability to promote an inter-professional team-based approach in problem solving and change activities; * Demonstrates integrity as an advocate for allied health professionals and/or an allied health profession*.* |
| Response- maximum 1-11/2 pages (A4)  Start typing here> |



**2018 ALLIED HEALTH AWARDS FOR EXCELLENCE**

**CRITERION 3: COLLABORATION and CARE**

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| --- |
| Your statement of claims against this criterion should summarize how the nominee’s skills and expertise in the nominated award category demonstrate significant outcomes associated with **Collaboration and Care.**  The capabilities and behaviours listed below do not need to be addressed individually and are intended as a guide only.   * Demonstrated promotion of a dynamic and positive working environment; * Highly respected by colleagues and facilitates the professional growth and participation of colleagues including consumers; * Engenders values such as empowerment, pride, nurturing, respect, integrity, and teamwork; * Demonstrates effective communication through inclusive participation of colleagues, stakeholders and/or consumers; * Provides a high level of support to students, graduates and new employees; * Serves as a role model, adviser or mentor, freely sharing expertise and knowledge; * Facilitates a proactive and collaborative approach to addressing identified problems * Disseminates research findings through presentations and publications; * Demonstrated commitment to innovation and learning, through mentoring, utilization of new technology and/or transferring research to practice |
| Response- maximum 1-11/2 pages (A4)  Start typing here> |



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**SIGN-OFF INSTRUCTIONS - TO BE COMPLETED BY THE NOMINATOR/S**

I/We certify the above statements are true and accurate to the best of my knowledge.

Name of Nominator/s: .....................................................................................................

..........................................................................................................................................

Relationship to Nominee: ................................................................................................

Period of working relationship with nominee: ………… years ..............months

Signature/s:

...........................................................................................................................

Date: .........../........../201....

**TO BE SIGNED BY DIRECTOR(S) OF ALLIED HEALTH (mandatory)**

I/we certify that I have read the attached application and support the nomination of

...................................................... ..................... for the award category ticked below:





Name 1: ……………………………………………………… Name 2: ……………………………………………………

Signature: ……………………………………………… Signature: …………………………………………………..

Date: ………../………/………../ Date: …………………………………………………………..

**INSTRUCTIONS FOR SUBMITTING NOMINATION**

**Please scan and email one full copy of the signed Nomination Application form,**

**Send as Word doc or PDF files to** [**AlliedHealthScholarShips@act.gov.au**](mailto:AlliedHealthScholarShips@act.gov.au)

**BY 5:00PM Wednesday 28th February 2018**

Any enquiries can be directed to [AlliedHealthScholarShips@act.gov.au](mailto:AlliedHealthScholarShips@act.gov.au)

Or by phone to 6205 2494

1. Client-not limited by definition –client can include the ACT Government and/or other Government or non-Government organisations. [↑](#footnote-ref-1)