AChPM Award for Outstanding Contribution to the Discipline of Palliative Medicine 2024

**Nominations close: Friday, 31 May 2024 (5 pm AEST)**

Submit this nomination form together with supporting documentation in PDF format and email to foundation@racp.edu.au with the subject “AChPM Award for Outstanding Contribution to the Discipline of Palliative Medicine”

**Terms & Conditions:**

The Terms and Conditions for [Awards and Prizes valued up to $5000](http://www.racp.edu.au/foundation/terms-and-conditions/awards-and-prizes-valued-up-to-%245000) apply.

The College [Conflict of Interest Policy](https://www.racp.edu.au/docs/default-source/default-document-library/pol-conflicts-of-interest.pdf?sfvrsn=4) and [Privacy Policy](https://www.racp.edu.au/home/privacy/policy) apply.

**Nominee details:**

|  |  |
| --- | --- |
| MIN: |  |
| Title:  |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |

**Nominated by:**

|  |  |
| --- | --- |
| MIN: |  |
| Title:  |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |

**Eligibility:**

I confirm that the nominee:

[ ]  is a Fellow of the Australasian Chapter of Palliative Medicine (AChPM) and/or a Fellow of Royal Australasian College of Physicians in the specialty of Palliative Medicine;

[ ]  is aware that I intend to nominate them and has granted any permissions necessary, including permission to use the citation provided in College communications, both print and digital.

**Provide a Statement of Support for the nominee below.**

Please provide an appreciation and evaluation of the contribution of the nominee over the relevant period. This must include details of the contribution made by the person nominated and the impact of these contributions on others and/or how these efforts have contributed in a meaningful way to:

* Promotion of the specialty
* Education and Training
* Clinical Service Development
* Community Development
* Research
* Policy and Advocacy
* Lifetime Achievement in the Discipline of Palliative Medicine

|  |
| --- |
| *(Max 1000 words)* |

Has the nominee shown commitment and dedication to the Palliative Medicine above all expectations?

|  |
| --- |
| *(Max 300 words)* |

Does the nominee engage in a wide variety of services for Palliative Medicine on a regular basis?

|  |
| --- |
| *(Max 300 words)* |

Why is the Nominee worthy of recognition for outstanding commitment to Palliative Medicine?

|  |
| --- |
| *(Max 500 words)* |

**Supplementary Information:**

Please provide any further information that you consider may be of relevance:

|  |
| --- |
| *(Max 250 words)* |

Has the nominee’s contribution been recognised elsewhere (e.g. in the media, by other awards, professional/interest groups, local government or the College)?

|  |
| --- |
| *(Max 250 words)* |

**Supporting Documentation Required:**

[ ]  Two signed letters of support from referees, other than the nominator (provide details on the following page)

I certify that:

☐ I have read the Terms and Conditions for [[Awards and Prizes valued up to $5000](http://www.racp.edu.au/foundation/terms-and-conditions/awards-and-prizes-valued-up-to-%245000)](https://www.racp.edu.au/about/foundation/terms-and-conditions/awards-and-prizes-valued-5000-and-under) and as nominator agree to abide by them; and

☐ the information supplied in this nomination is true and correct. I understand that the Royal Australasian College of Physicians may wish to verify this information with any institution or individual. The nominee and I consent to such inquiries being made as part of the selection process.

Signature: Date:

**REFEREE DETAILS**

Two letters of support from referees **must** be submitted. Referees must be able to make direct comment on the contribution/service of the Fellow you are nominating.

**REFEREE A**

|  |  |
| --- | --- |
| Title:  |  |
| Name: |  |
| MIN: |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |

**REFEREE B**

|  |  |
| --- | --- |
| Title:  |  |
| Name: |  |
| MIN: |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |