AChSHM Award for Outstanding Contribution

to Sexual Health Medicine 2023

**Nominations close: Sunday 15 October 2023, 5.00pm AEST**

Submit this nomination form together with supporting documentation in PDF format

and email to [foundation@racp.edu.au](mailto:foundation@racp.edu.au) with the subject

“AChSHM Award for Outstanding Contribution to Sexual Health Medicine”

**Terms & Conditions:**

The College [Terms and Conditions](https://www.racp.edu.au/docs/default-source/foundation/terms-conditions-prizes.pdf) for College Awards and Prizes 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/docs/default-source/default-document-library/pol-privacy-personal-information.pdf?sfvrsn=4) apply.

**Nominee details:**

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

**Nominated by:**

|  |  |
| --- | --- |
| MIN: |  |
| Title: |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Status: | Fellow  Trainee |

**Eligibility:**

I confirm that the nominee:

is a registered Fellow of the Australasian Chapter of Sexual Health Medicine (AChSHM)

has not been a previous recipient of this award

**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 through undergraduate education and/or general practice training
* Clinical Service Development
* Community Development
* Policy and Advocacy
* Lifetime Achievement in the Discipline of Sexual Health Medicine

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

Has the nominee shown commitment and dedication to the discipline of Sexual Health Medicine above all expectations?

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

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

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

Why is the Nominee worthy of recognition for outstanding commitment to the discipline of Sexual Health 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 have read the award [terms and conditions](https://www.racp.edu.au/docs/default-source/foundation/terms-conditions-prizes.pdf) and as nominator agree to abide by them.

**I certify that the information supplied in this application is true and correct. I understand that the Royal Australasian College of Physicians may wish to verify this information with any institution or individual. 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: |  |