



HSU NSW/ACT/QLD AMBULANCE DIVISION CLINICAL EXCELLENCE AWARD NOMINATION

Nominee

Member number
(if known)

Award *(please tick)*

Clinical Excellence Award

Paramedic of the Future

Outstanding Case of the Year *(self-nomination is encouraged, as this case will be presented to colleagues)*

Nominating Members

Member 1 *(print name)*

Member 2 *(print name)*

Member 1 Number or email address

Member 2 Number or email address

Member 1 contact phone
(if further information is required)

Member 2 contact phone
(if further information is required)

Nominations should be made on the form on page 2 and be less than 500 words.

The criteria to consider when making the nomination can be found at: bit.ly/3Mqzleh

Scan and forward this form and the attached nomination to steve.fraser@hsu.asn.au or mail to:

**ADHSU Clinical Excellence
Level 2, 109 Pitt St Sydney 2000**

Clinical Excellence Nomination story

Use the nomination criteria at bit.ly/3Mqzleh as a guide but please write your nomination in the words that express your belief in this member's clinical excellence, or the special qualities of the case proposed.

We nominate

for the

Award. The areas that we believe qualify the above nominee for this award are: