



CATSINaM Partnership Award Application Form

There is space to include up to two partner organisations, if relevant. If more than two are involved, please copy and paste the relevant sections and complete details for additional partner organisation, naming them Partner Organisation 3, Partner Organisation 4 etc.

Personal information and consent

NAME OF CATSINAM MEMBER BEING NOMINATED (CATSINAM PARTNER)

Name:

CONTACT DETAILS FOR THE CATSINAM PARTNER

Address:

Telephone:

Mobile:

Organisation:

Email:

Is the CATSINaM Partner a: Registered Nurse Registered Midwife Enrolled Nurse
 Student?

BRIEFLY DESCRIBE THE POSITION THE CATSINAM PARTNER OCCUPIES

NAME OF PARTNER ORGANISATION(S) BEING NOMINATED

Name:

Name:

CONTACT DETAILS FOR PARTNER ORGANISATION 1

Contact person:	
Address:	
Telephone:	Mobile:
Organisation:	
Email:	

BRIEFLY DESCRIBE THE ROLE AND FOCUS OF PARTNER ORGANISATION 1

CONTACT DETAILS FOR PARTNER ORGANISATION 2

Contact person:	
Address:	
Telephone:	Mobile:
Organisation:	
Email:	

BRIEFLY DESCRIBE THE ROLE AND FOCUS OF PARTNER ORGANISATION 2

CONTACT DETAILS FOR THE PERSON SUBMITTING THE NOMINATION

Name:	
Address:	
Telephone:	Mobile:
Organisation:	
Email:	

SIGNED CONSENT BY CATSINAM PARTNER

I am aware of this application and consent to this nomination being submitted.

SIGNED CONSENT BY PARTNER ORGANISATION 1 CONTACT PERSON

I am aware of this application and consent to this nomination being submitted.

SIGNED CONSENT BY PARTNER ORGANISATION 2 CONTACT PERSON

I am aware of this application and consent to this nomination being submitted.

SIGNED CONSENT BY PERSON SUBMITTING THE NOMINATION

I verify that the information provided in this application was correct at the time of submission.

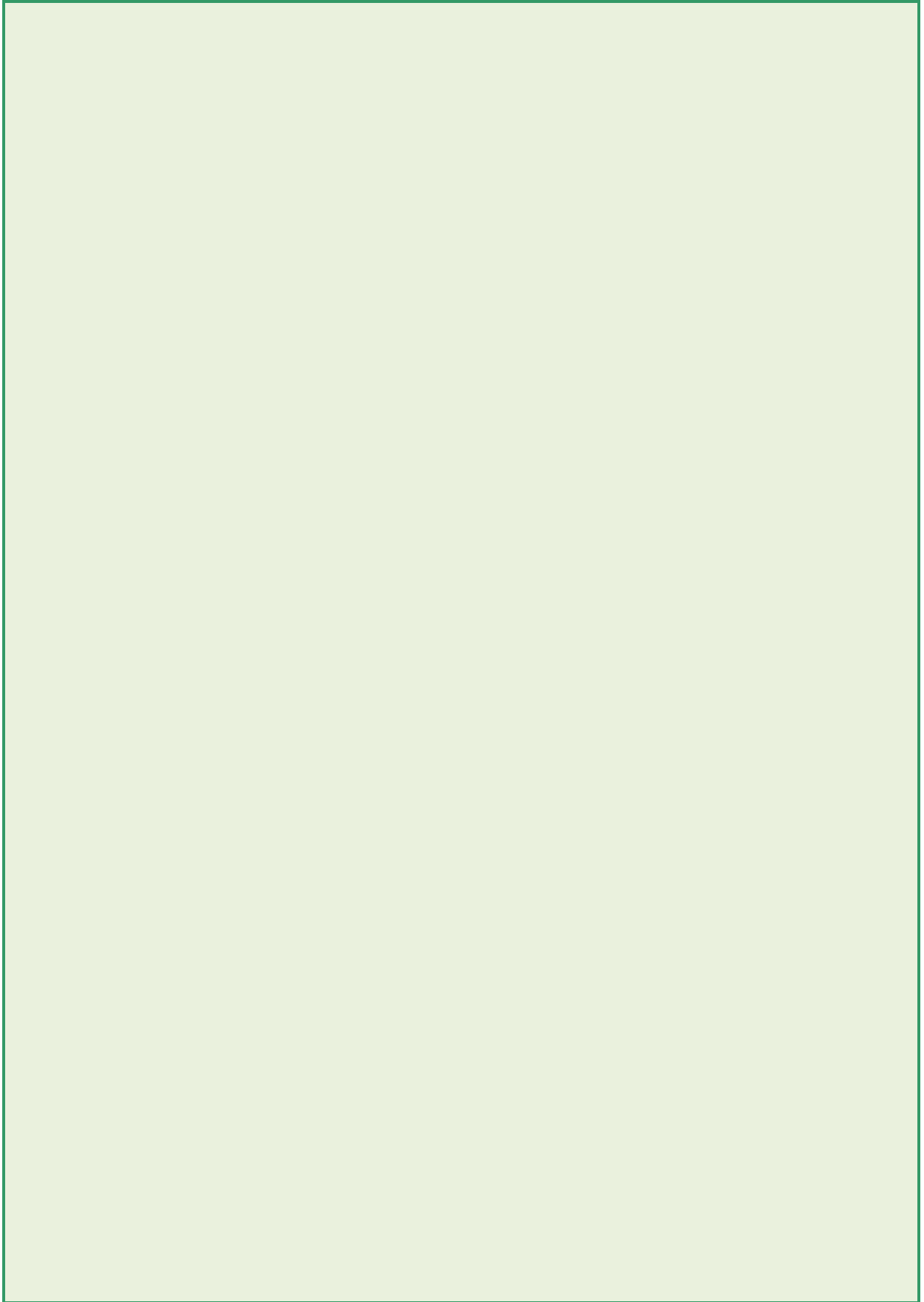
CATSINAM PARTNER S BIOGRAPHY (100-150 WORDS)

Criteria to Address

Please tick the relevant box or boxes and then using the space provided below, demonstrate how the partnership has had outstanding achievements and/or made innovative contributions within these criteria - describe in 800-1,000 words:

- developing** and **providing health programs** to Aboriginal and Torres Strait Islander peoples and communities in the pursuit of better health outcomes
- developing new initiatives** and **activities** to Aboriginal and Torres Strait Islander peoples and communities in the pursuit of better health outcomes
- recruiting** and **retaining** Aboriginal and Torres Strait Islander nurses and midwives in the workforce
- creating** a more **culturally safe environment** for Aboriginal and Torres Strait Islander nurses and midwives.

In addition to your description, please feel free to attach supporting documentation up to a maximum of 10 pages.





CATSINaM IMAGE RELEASE CONSENT

PLEASE NOTE: Please print off a copy of this form for each of the CATSINaM Partner, Partner Organisation 1 and Partner Organisation 2 (or as many as required), and have the contact person representing the organisation and the partnership sign and return it for submission.

I (*print full name*) _____ give my consent to:

allow CATSINaM to use film/video/photographic images of myself for promotional purposes in CATSINaM publications, posters, brochures and websites

OR

only the specific event/publication/poster/brochure/website (*please provide details*) e.g. Annual CATSINaM Awards.

I understand that:

- these images will remain the property of CATSINaM
- the images will be used by CATSINaM only for non-commercial purposes
- this approval will be current for **three years**.

Signed _____

Date _____ / _____ / _____

Witness _____