

CATSINaM

## Sally Goold Award Application Form

### Personal information and consent

#### NAME OF CATSINAM MEMBER BEING NOMINATED (NOMINEE)

**Name:**

#### CONTACT DETAILS FOR THE NOMINEE

**Address:**

**Telephone:**

**Mobile:**

**Organisation:**

**Email:**

Is the Nominee a:  Registered Nurse  Registered Midwife  Enrolled Nurse  Student

#### BRIEFLY DESCRIBE THE POSITION THE NOMINEE OCCUPIES

#### CONTACT DETAILS FOR THE PERSON SUBMITTING THE NOMINATION

**Name:**

**Address:**

**Telephone:**

**Mobile:**

**Organisation:**

**Email:**

**SIGNED CONSENT BY NOMINEE**

*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.*

**NOMINEE'S BIOGRAPHY (100-150 WORDS)**

## Criteria to Address

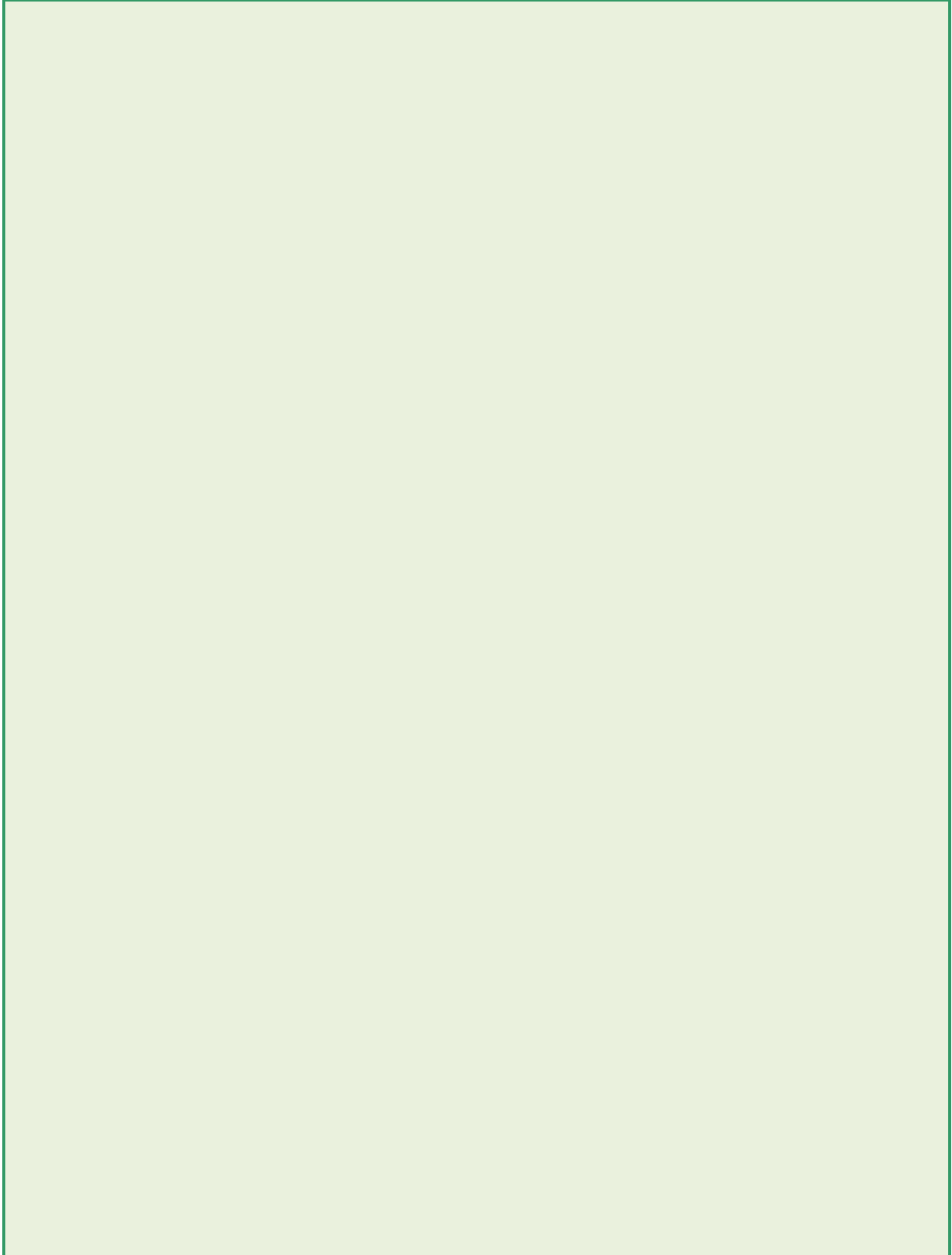
### Personal Development

This refers to academic and formally recognised education and other forms of education undertaken to enhance their nursing and/or midwifery training – describe in 300-400 words.




## Professional Leadership

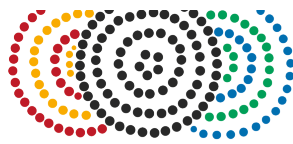
This refers to how they undertake their primary role in the workplace and involvement with other project or programs that extend beyond their primary work role - describe in 300-400 words.



## Participation and involvement with the community

This refers to consultation, advocacy, direct support, and commitment - describe in 300-400 words.





CATSINaM

## CATSINaM IMAGE RELEASE CONSENT

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

allow CATSINaM to use film/video/photographic images of myself for promotional purposes in CATSIN 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 \_\_\_\_\_