National Care Awards Nomination Form 2005

THE AUSTRALIAN NURSING AWARDS presented by HealthStaff

Please print and attach this form to any additional pages (if applicable).
All supporting documentation should be typed on white A4 paper, one side only.

Eligibility::

- The nominee must be a nurse registered in Australia.

Details of Nominee

Name of nominated person			
Workplace address			
State		Post Code	

Details of Nominator::

Full name					
Relationship to the nurse you have nominated Eg. Patient/family or friend of patient/colleague/ employer/other:					
Address					
State				Post Code	
Telephone	Business Hrs		A/hours	Mobile	
Do you wish to remain anonymous to your nominee?	YES / NO				

Completed nomination applications should be mailed to:

The Australian Nursing Awards
National Care Awards Nominations
PO Box 329
Prahran VIC 3181

by no later than Thursday 31st March 2005.

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Why was the Care Exceptional?

In what ways do you think the experience you are submitting is an outstanding example of nursing care which merits an award? *(attach additional pages if required)*

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Tell us about the care in more detail.

Please provide your account of the care given: *(attach additional pages if required)*

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