# C:\Users\bernadette.cornor\Desktop\RNZCGP_MaoriByline_horiz_ColPos_CMYK.jpgAWARD

# Nomination Form 2018

Thank you for considering someone you believe is deserving of a College Award.

This form must be completed by the sponsor and co-sponsor and contain as much factual information as possible.

Please note there will be no guarantee that any nomination received after **5.00pm**, **Friday 30 March 2018** will be considered in time for presentation of the Award at the Fellowship & Awards Ceremony at the Conference for General Practice, 28 July 2018 in Auckland.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name of candidate: | | | | | |  | | --- | |  | | | | | | | |
| Address: | |  | | --- | |  | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | |
| Qualifications and date (if known): | | | | | | | |  | | --- | |  | | | | | |
| Decorations: | | |  | | --- | |  | | | | | | | | | | |
| Past or present offices held in College/Faculty/Chapter: | | | | | | | | |  | | --- | |  | | | | |
| |  | | --- | |  | | | | | | | | | | | | |
| Name and address of sponsor: | | | | | | |  | | --- | |  | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | |
| Number of years you have known the candidate and in what capacity: | | | | | | | | | | |  | | --- | |  | | |
| |  | | --- | |  | |  | |  | |  | | | | | | | | | | | | |
| Sponsor signature: | | | |  | | --- | |  | | | | | | | | | |
| Name of Co-sponsor: | | | | |  | | --- | |  | | | | | | Co-sponsor signature: | | |  | | --- | |  | |

Award Type *(must be completed)*

Please indicate which Award you are recommending your nominee for *(the criteria for Awards are specified below)*

Distinguished Fellow  Community Service Medal

Honorary Fellow  Meritorious Service Medal

Distinguished Service Medal

Honorary Fellow

Honorary Fellowship may be conferred on individuals of distinction who have made an outstanding contribution to the cause of general practice or to the medical profession in general, and who need not be graduates of medicine.

Distinguished Fellow

Distinguished Fellowship may be awarded for outstanding and sustained services either to:

The aims or work of the College OR

The science or practice of medicine

A candidate must have been a Fellow of the College for five years, have fulfilled their obligations to the College, and be a person to whom the College motto is particularly appropriate. Service to an organisation, other than the College, which may directly or indirectly benefit general practice, medicine as a whole, or the health and welfare of the community, may be taken into account.

*If you are nominating under this category, please provide as much detail as possible.*

Distinguished Service Medal

This is to be awarded to those persons who have made an outstanding contribution to the College. The contribution may be, for example, as a long-standing employee, committee member, or in an academic position. Service to an organisation other than the College, which may directly or indirectly benefit general practice, medicine as a whole, or the health and welfare of the community, may be taken into account.

Meritorious Service Medal

This can be awarded to members who have made a meritorious contribution to the College. The contribution may be, for example, as an office bearer, committee member, or in an academic position.

**Community Service Medal**

This is to be awarded to members and Fellows of the College who have made an outstanding contribution to general practice through work within their own communities.

Notes:

1. Sponsors must be a member of the College, and have held MRNZCGP or FRNZCGP before 4 September 1998, or have held FRNZCGP after 4 September 1998.
2. This nomination is confidential, and should not be discussed with the candidate. If the College decides to proceed with the proposed award, the candidate’s approval will be sought at that time.
3. The College can provide key information details for any application.

Attach all information you believe should be considered in support of this nomination detailing the work of the nominee and how it has benefited the College, general practice, the science or practice of medicine, or the health and welfare of the community. Include information that is not included in the 100-word citation e.g. publications, other offices held and work in other areas.

Attach citation: Please provide a citation of 100 words outlining the main reason for nomination. This will be read at the ceremony.

Checklist:

Cover page completed

Award type selected

Information in support of the nomination

Citation of 100 words to read at the Awards and Fellowship Ceremony

Sponsor held MRNZCGP or FRNZCGP on 4/9/98 **or** FRNZCGP after 4/9/98

Co-sponsor held MRNZCGP or FRNZCGP on 4/9/98 **or** FRNZCGP after 4/9/98

Return this form by Friday 30 March 2018 to:

Awards Committee, RNZCGP, PO Box 10-440, WELLINGTON 6143

[awards@rnzcgp.org.nz](mailto:awards@rnzcgp.org.nz)