

PSA Symbion
Excellence
Awards
2022

The premier awards for Australian pharmacists

Nomination form

Nominations close Friday 3 June 2022

www.psa.org.au/awards

PSA Committed to better health

PSA Excellence Awards 2022

Official nomination form

Nominee

Full name: Title:

Known name: *(for medal, citation etc.)* Post nominals:

Address:

..... State: Postcode:

Phone: (b) (m) Fax:

Email:

Member of Branch: *(Note: Nominee must be a PSA member)*

Nomination for: *(Please tick one)*

Lifetime Achievement Award Pharmacist of the Year Early Career Pharmacist of the Year

Date of birth: *(Note: The PSA Early Career Pharmacist of the Year Award is for those under 35 years of age or with less than 5 years' experience as a practising pharmacist.)*

Nominated by

Name:

Address:

..... State: Postcode:

Phone: (b) (m) Fax:

Email:

If this nomination is on behalf of an organisation or group, please provide details:

.....

.....

Signed*: Date:

*To enable this form to be completed electronically, type your name in the space marked signature.

Is the nominee aware of the nomination? Yes No

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Please send nominations for PSA Excellence Awards Secretariat to awards@psa.org.au

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1. Which of the following criteria does the nomination address? *(select those applicable)*

- Pharmacy Practice Research Pharmacy Practice Innovation
 Pharmacy as a Community Service Advancing Pharmacy Practice

2. Please attach each of the following: *(Please note: items b. and c. should be maximum (in total) of 500 words)*

- a) Citation: a maximum of 50 words.
b) Details of specific activities that demonstrate 'excellence in practice.'
c) The qualities or attributes that make the nominee 'stand out from the field'.
d) a curriculum vitae (optional) to a maximum of three pages.

3. Referees of people supporting the nomination: Please note that the nomination must 'stand alone' and all relevant material must be included with the nomination. However, referees may be contacted to clarify or confirm information in the nomination.

1. Name:

Address:

..... State: Postcode:

Phone: (b) (m) Fax:

Email:

Nature of relationship:

Supporting statement attached: Yes

2. Name:

Address:

..... State: Postcode:

Phone: (b) (m) Fax:

Email:

Nature of relationship:

Supporting statement attached: Yes

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Please send nominations for PSA Excellence Awards Secretariat awards@psa.org.au

PSA will use the information in the nomination form to determine winner and will handle all material in accordance with PSA's privacy policy, available at www.psa.org.au.

Please visit www.psa.org.au/awards for Award Terms and Conditions.