



NOMINATION FORM

Community Service Medal

About the award

The Community Service Medal is awarded to College members who have made an outstanding contribution to general practice or rural hospital medicine through work within their own community.

Please email nominations to: awards@rnzcgp.org.nz

Nominations must be received by 31 March 2021.

Section 1: Information about the nominator (the person making the nomination)

Please note that the nominator need not be a member of the College.

Title: Full name:

MCNZ number (if applicable): Email:

Relationship to nominee:

Signature

Date

Section 2: Information about the nominee (the person you are nominating for a Community Service Medal)

Please note that the nominee must be a College member.

Title: Full name:

MCNZ number* (if known): Email:

Phone: () Mobile:

Address:

City: Postcode:

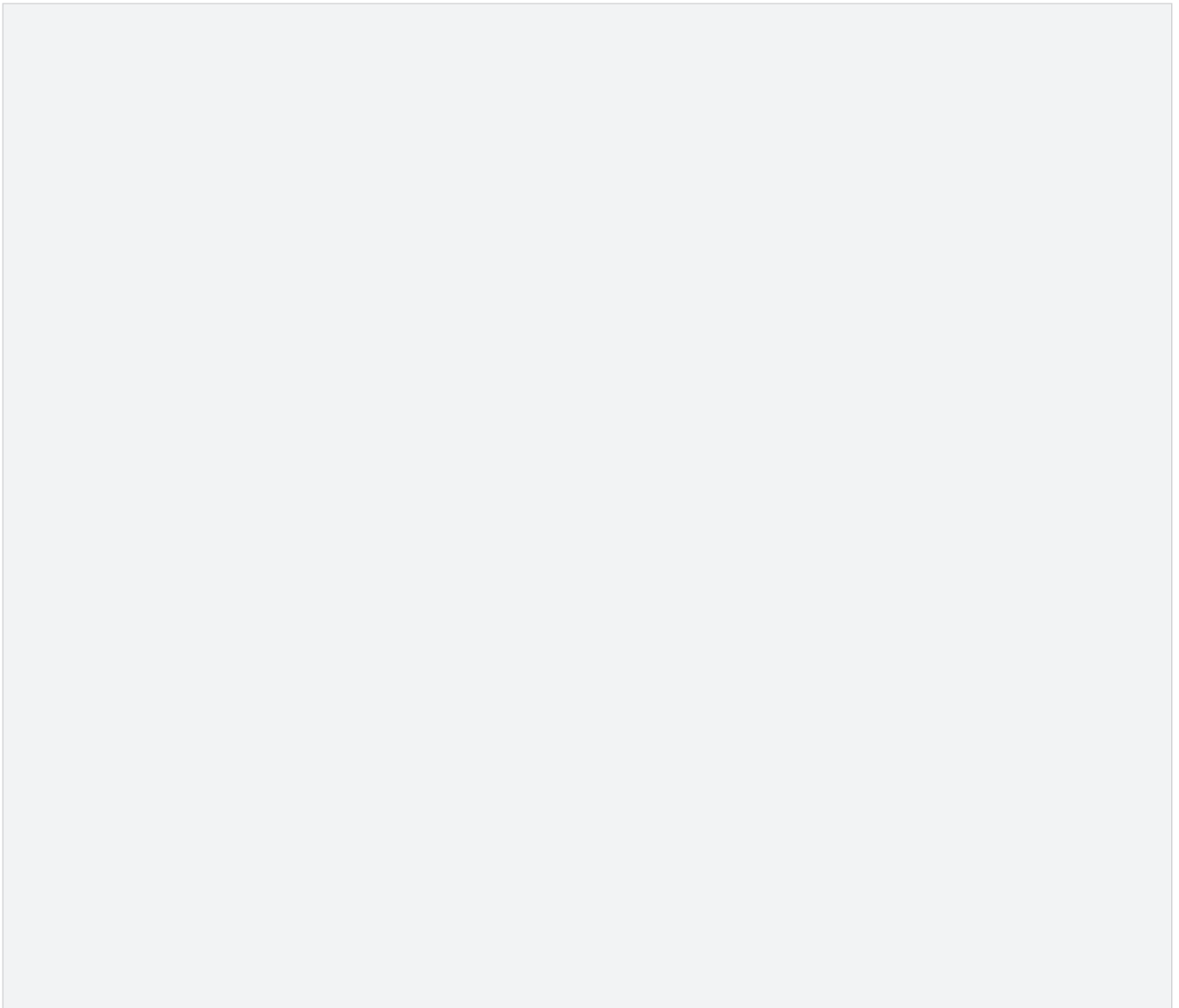
The address provided is their: Home Workplace

* If the nominee's MCNZ number is supplied, there is no need to include their address and contact details.

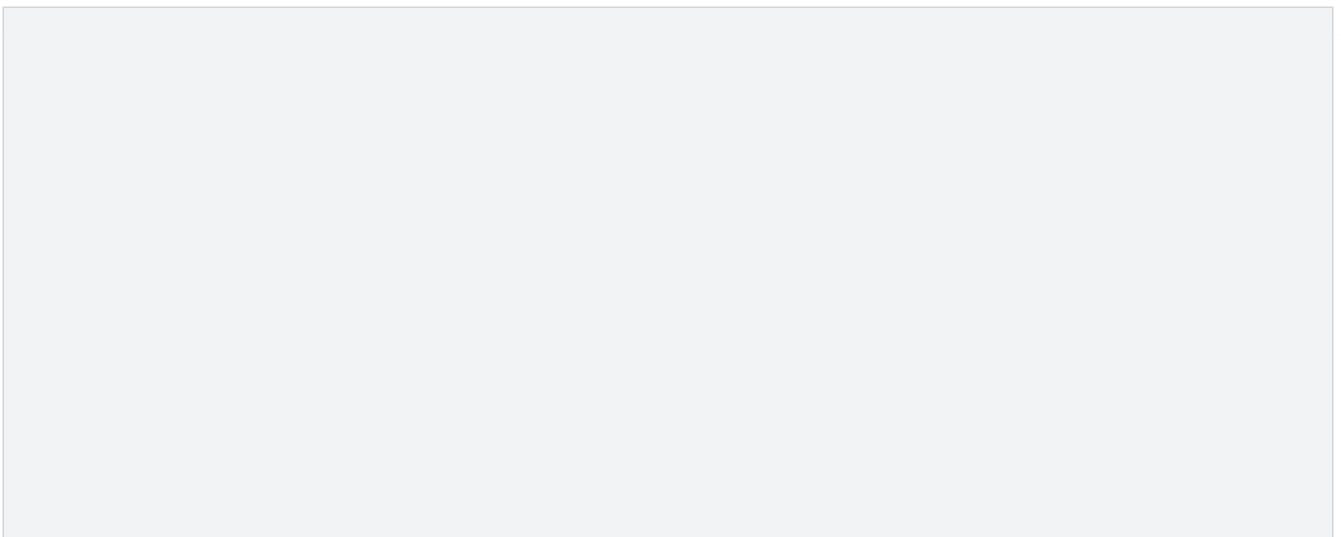
Section 3: Nomination details

Please complete all of the sections below.

1. Describe how the nominee has made a substantial contribution to a community's health and wellbeing (300 words max):



2. Describe the tangible or measurable health improvements arising as a result of the nominee's work:



Section 3: Nomination details cont.

3. Describe if and how the nominee's work has already been formally recognised:

4. Please set out positions held by the nominee that are relevant to their achievements within the community:

Organisation:

Position: Paid Voluntary

From (date): To (date):

Organisation:

Position: Paid Voluntary

From (date): To (date):

Organisation:

Position: Paid Voluntary

From (date): To (date):

Organisation:

Position: Paid Voluntary

From (date): To (date):

Section 4: Letters of support

Please obtain **two or more** letters that endorse the nominee's contribution from people who are familiar with their work in the community. The letters of support add depth to the nomination. Please attach the letters of support to this form and list the names of the support persons below.

Name or person or organisation	Tick if letter is attached
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>