



## NOMINATION FORM

# Distinguished Fellowship

### About the award

Distinguished Fellowship of the College is awarded to College Fellows who have provided outstanding service either to the science or practice of medicine or to the College's Charitable Purpose, as defined in College Rule 5.1: "The purpose of the College is to encourage, foster and maintain the highest possible standards for medical care within the scope of general practice, in order to reduce health inequalities and achieve improved health for all New Zealanders."

Please email nominations to: [awards@rnzcgp.org.nz](mailto:awards@rnzcgp.org.nz)

**Nominations must be received by 31 March 2021.**

[College Rule 12.4](#) stipulates the eligibility requirements for this award.

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

*Please note that the nominator must be a Fellow of the College or the Division of Rural Hospital Medicine.*

Title:	<input type="text"/>	Full name:	<input type="text"/>
MCNZ number:	<input type="text"/>	Email:	<input type="text"/>
Relationship to nominee:	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Signature	Date		

### Section 2: Information about the nominee (the person you are nominating for Distinguished Fellowship)

*Please note that the nominee must have been a Fellow of the College or the Division of Rural Hospital Medicine for at least FIVE years.*

Title:	<input type="text"/>	Full name:	<input type="text"/>
MCNZ number* (if known):	<input type="text"/>	Email:	<input type="text"/>
Phone: ( <input type="text"/> )	<input type="text"/>	Mobile:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	Postcode:	<input type="text"/>
The address provided is their:	<input type="checkbox"/> Home	<input type="checkbox"/> 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. This nomination is being made in recognition of the nominee's outstanding service/contribution to:

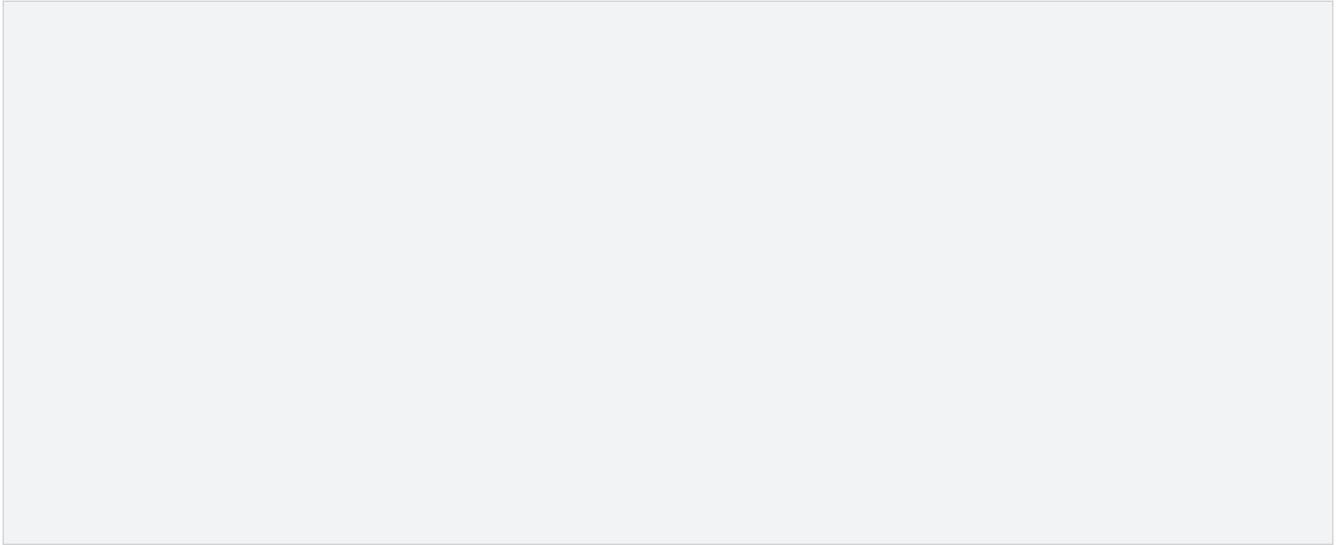
- The science of medicine
- The practice of medicine
- The College's Charitable Purpose\*

2. Describe how the nominee has provided outstanding service or made an outstanding contribution to the science of medicine, the practice of medicine or the College's Charitable Purpose\* (300 words max):

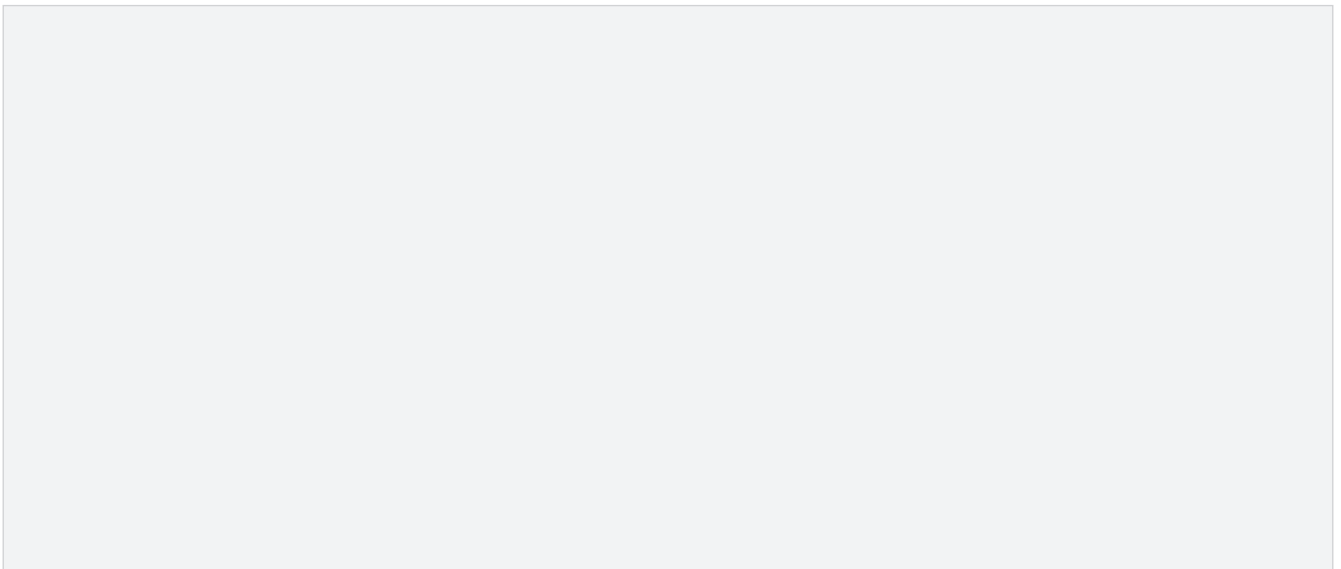
\* **College Rule 5.1:** "The purpose of the College is to encourage, foster and maintain the highest possible standards for medical care within the scope of general practice, in order to reduce health inequalities and achieve improved health for all New Zealanders."

Section 3: Nomination details cont.

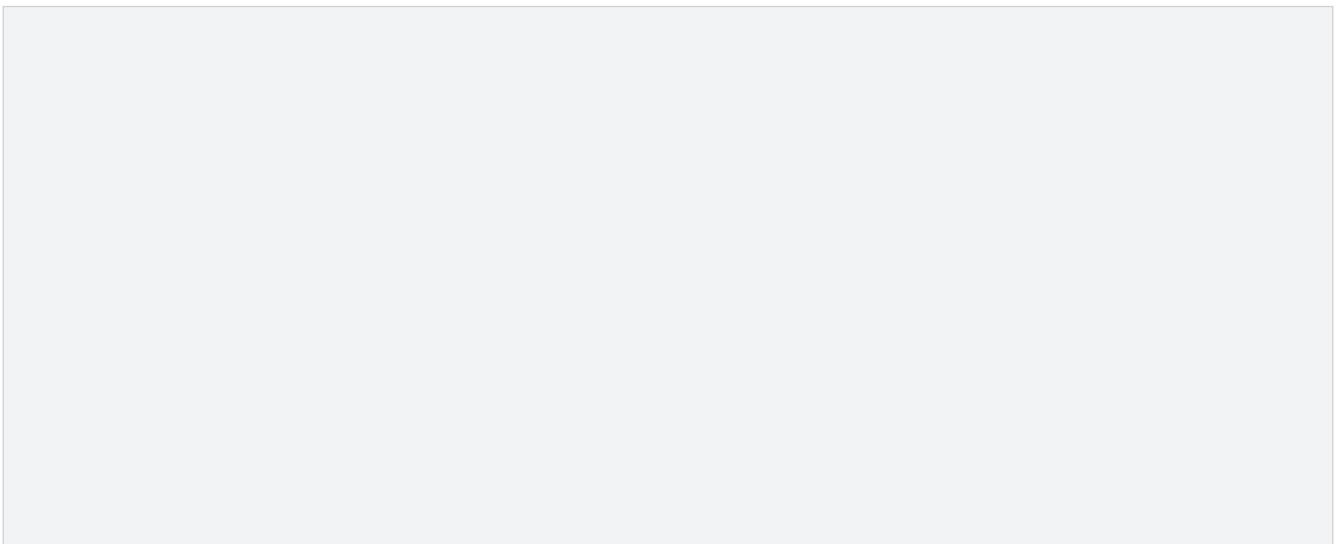
3. Describe how the nominee embodies the College motto *Cum Scientia Caritas* (Science with Compassion):



4. Describe what makes the nominee's service and achievements stand out above and beyond that of their peers, and the outcomes achieved to the benefit of general practice or rural hospital medicine as a result of their efforts:



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



Section 3: Nomination details cont.

6. Please set out the main positions or offices held by the nominee and the period of service:

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):

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 service and achievements. The letters of support add depth to the nomination. A letter of support from their College Faculty Chair is recommended. 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"/>