



NOMINATION FORM

President's Service Medal

About the award

The President's Service Medal is awarded to persons who have made an extensive contribution in terms of service to the College, beyond that which would be routinely be expected in their role.

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 the President's Service Medal)

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

Title: Full name:

MCNZ number* (if applicable): Email:

Phone: () Mobile:

Address:

City: Postcode:

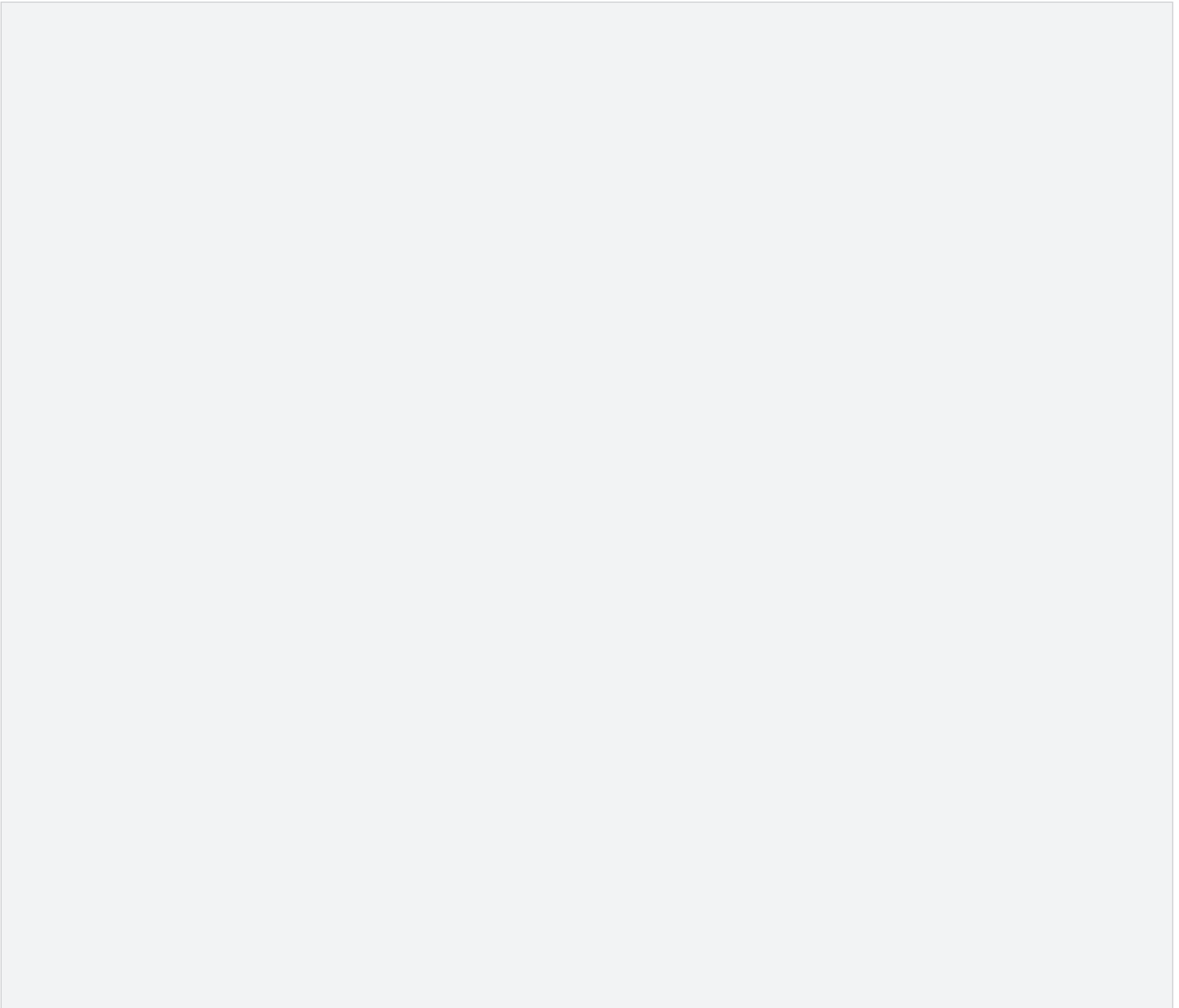
The address provided is their: Home Workplace

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

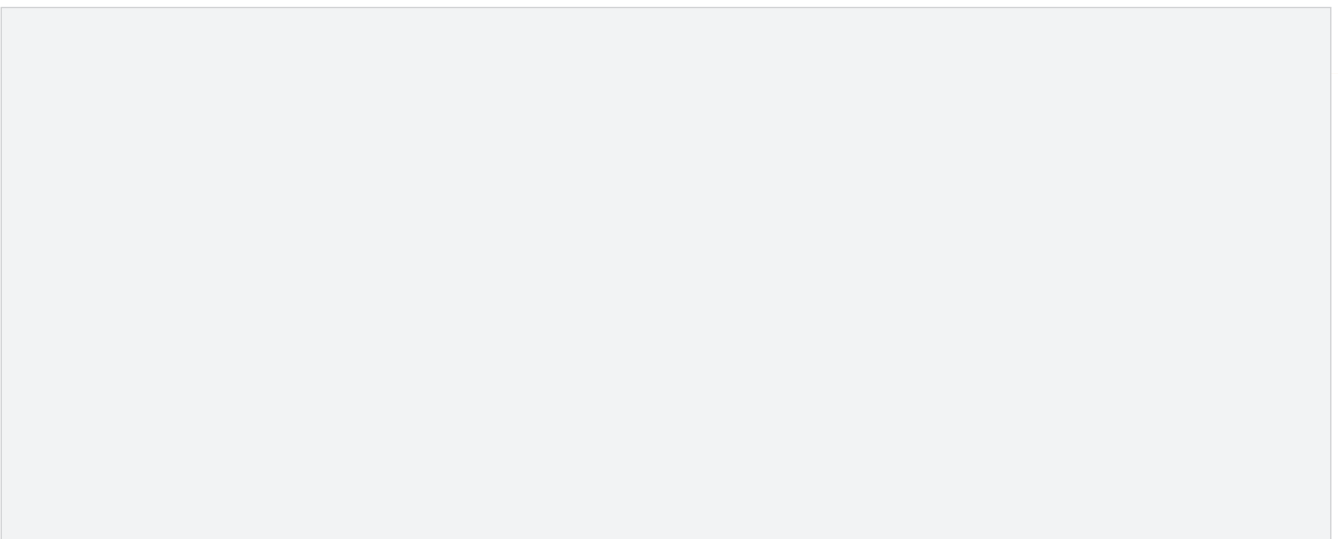
Section 3: Nomination details

Please complete all of the sections below.

1. Describe how the nominee has made an outstanding contribution to the activities of the College and its strategic objectives (300 words max):

A large, empty rectangular text box with a light gray background, intended for the respondent to describe the nominee's contribution to the College and its strategic objectives. The box is bounded by a thin gray border.

2. Describe the measurable positive outcomes related to the nominee's service:

A large, empty rectangular text box with a light gray background, intended for the respondent to describe measurable positive outcomes related to the nominee's service. The box is bounded by a thin gray border.

Section 3: Nomination details cont.

3. Describe how the nominee is a role model as a College representative, leader or employee:

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

5. 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):

Section 4: Letters of support

Please obtain **two or more** letters that endorse the nominee's contribution from people familiar with their work. The letters of support add depth to the nomination. If they are a College member, a letter from their Faculty Chair is recommended, and if they are a College employee, a letter from the College's CEO. 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"/>