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**THE DAVID LYLE PRIZES FOR RURAL AND REMOTE HEALTH**

**NOMINATION FORM**

**Instructions**

* Eligible staff may self-nominate for the awards and nominations may also be made on behalf of another person.
* If nominating another person for an award please ensure they are aware of the nomination and that you include all their relevant details in the application form and attach their curriculum vitae. Incomplete applications will not be considered.
* Applicants should read the *Guidelines – ARHEN David Lyle Prizes for Rural and Remote Health* *2024* prior to completing this nomination form.
* Applicants must complete this nomination form in full and address all the selection criteria in their application. All selection criteria are of equal weighting. Answers must be no more than 400 words per criterion.
* Applicants must attach their curriculum vitae.
* Applicants may attach supporting materials which provide further evidence of claims against the criteria such as photos, publications, presentations, media articles etc.
* Applications close on Friday 8 November 2024. Applications received after this date will not be considered.
* Applications and any supporting documentation should be emailed to admin@arhen.org.au and include ‘David Lyle Prize application’ in the email title line.
* Any enquiries should be directed to your UDRH Director or the ARHEN CEO   
  Joanne Hutchinson, via email admin@arhen.org.au.

**Nomination Category**

***Applicants must select one category only.***

***The David Lyle Prize for Rural and Remote Health (academic staff)***

This category is for staff employed in an academic or research role at their UDRH.

***The David Lyle Prize for Rural and Remote Health (professional staff)***

This category includes but is not limited to roles such as: community liaison officers, student support officers, facilities and operations managers, communications officers, executive or administrative officers.

**Applicant details**

|  |  |
| --- | --- |
| **Full name** |  |
| **Job title** |  |
| **Name of UDRH** |  |
| **Email** |  |
| **Phone** |  |

**Selection Criteria**

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| 1. ***Demonstrated commitment to the UDRH network and modelling collegiate and collaborative behaviours consistent with ARHEN values and priorities.***   (This may include for example: evidence of fostering relationships with colleagues from a number of UDRHs; building and sharing knowledge across the network; mentoring colleagues across the network; establishing ways of working that create collective benefit/s). |
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| 1. ***Demonstrated commitment to supporting nursing, midwifery and allied health students on rural and remote placements and/or capacity building for rural and remote health staff.***   (This may include for example: evidence of providing high quality support to students whilst on placement; extraordinary care during crisis or emergency situations; improving student accommodation and facilities; innovation in teaching approaches and methods; innovation in the delivery of continuing professional development for rural and remote staff). |
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| 1. ***Demonstrated commitment to serving rural and remote communities*.**   (This may include for example: evidence of commitment to community engagement or co-design activities; commitment to Aboriginal and Torres Strait Islander communities; new outreach activities to address service gaps; or a focus on hard-to-reach populations). |
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**Referee 1 details**

|  |  |
| --- | --- |
| **Full name** |  |
| **Job title** |  |
| **Name of UDRH** |  |
| **Email** |  |
| **Phone** |  |

**Referee 2 details**

|  |  |
| --- | --- |
| **Full name** |  |
| **Job title** |  |
| **Name of UDRH** |  |
| **Email** |  |
| **Phone** |  |

**Acknowledgements**

I confirm that I have read the *Guidelines – ARHEN David Lyle Prizes for Rural and Remote Health 2024* and agree to the conditions associated with the prize.

I confirm that I have been employed at my UDRH continuously for 12 months or more.

I confirm that I live in the same region as my employing UDRH.

I have attached my curriculum vitae.

If nominating another person, I have confirmed that they are aware of their nomination.

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| **Signed** |  |
| **Date** |  |