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# James Reid Award for excellence and innovation

# Nomination Form 2021

Thank you for considering someone you believe is deserving of the Division of Rural Hospital Medicine

James Reid Award.

This form must be completed by a sponsor and co-sponsor and contain as much factual information as possible.

Awards will be presented at the National Rural Health Conference 2021.

All nominations must be submitted by **9th April 2021.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name of candidate: | | | | |  | | --- | |  | | | | | | |
| Address: | |  | | --- | |  | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | |
| Qualifications and date (if known): | | | | | | |  | | --- | |  | | | | |
| Decorations: | | |  | | --- | |  | | | | | | | | |
| Name and address of sponsor: | | | | | |  | | --- | |  | | | | | |
| |  | | --- | |  | | | | | | | | | | |
| Number of years you have known the candidate and in what capacity: | | | | | | | | |  | | --- | |  | | |
| |  | | --- | |  | |  | |  | |  | |  | | | | | | | | | | |
|  | | | | | | | | | |
| Name of Sponsor: | | | |  | | --- | |  | | | | | Sponsor signature: | | |  | | --- | |  | |
|  | | |  | | | |  | |  |
| Name of Co-sponsor: | | | |  | | --- | |  | | | | | Co-sponsor signature: | | |  | | --- | |  | |

**Criteria for the James Reid Award for excellence and innovation**

This award is to be awarded annually to a rural medical practitioner or trainee (doctors and other medical professionals) who has demonstrated excellence or innovation related to education or research in rural health.

Nominations are invited from all members of the Division.

Notes:

* 1. All Division members may make a nomination
  2. This nomination is confidential and should not be discussed with the candidate. If the Division decides to proceed with the proposed award, the candidate’s approval will be sought at that time.

Attach all information you believe should be considered in support of this nomination detailing the work of the nominee and how it has demonstrated excellence or innovation related to education or research in rural health. Include information that is not included in the 100-word citation e.g. publications, other offices held and work in other areas.

Attach citation: Please provide a citation of 100 words outlining the main reason for nomination. This will be read at the ceremony.

**Checklist:**

Cover page completed

Information in support of the nomination

Citation of 100 words to read at the National Rural Health Conference 2021.

Sponsor is a Division member.

Co-sponsor is a Division member.

Please return this completed form by **5pm on 9th April 2021** to:

[awards@rncgp.org.nz](mailto:awards@rncgp.org.nz)