PARAMEDIC OF THE YEAR AWARDS

Nomination Form

Applications close: 14 July 2017

“Recognising Paramedic Officers with the highest standards in professionalism and compassion”

Nominations can be made for officers who demonstrate outstanding qualities in their chosen field of practice and have shown a commitment to their profession. Nominations can be submitted for Paramedics, Patient Transport Safety Officers and Communications Officers (000 call takers).

Nomination criteria:

- Recognised as a role model within their profession and the community;
- Provides positive direction and guidance to colleagues and fellow health sector members;
- Delivers outstanding service or practice, or goes above and beyond the call of duty to ensure quality patient outcomes are delivered;
- Displays compassion and empathy to those in need;
- Displays care and understanding during times of suffering and distress.

The Nominee Categories are:

- Paramedic Northern Region – awarded to an officer displaying the above qualities located in a centre in the Katherine / Darwin or Nhulunbuy area.
- Paramedic Southern Region – awarded to an officer displaying the above qualities located in the Tennant Creek or Alice Springs area.
- New Practitioner – awarded to an officer who has been in the role for less than three years. Can be located in any region Territory wide.
- Peer Nominated – awarded to an officer who has been identified by their peers as displaying the above qualities.

From the above categories, an overall winner will be honoured as the ‘NT Paramedic of the Year’.

We gratefully acknowledge our supporters of the 2017 awards
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Nominations can be lodged at any St John Ambulance Station, Territory wide or posted to: The Rotary Club of Darwin Sunrise, GPO Box 994, Darwin NT, 0801

Nomination Form

Select Category (please select (tick) only one of the following categories)

☐ Northern Officer ☐ Southern Officer ☐ New Practitioner ☐ Peer Nominated

I would like to nominate:

Name/s: ____________________________________________________________

Place of Employment (if known): _________________________________________

Work Contact: _______________________________________________________

Reason for this nomination (address following criteria and give examples that demonstrate the qualities outlined in nomination criteria. If necessary, use a separate sheet)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Nominator details:

Name: ________________________________________________________________

Telephone: ___________________________________________________________

Contact Address: ______________________________________________________
(Please provide contact details, as the judging panel may need to contact you for further information)

Would you like to remain anonymous: Yes ☐ No ☐

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