

St John Ambulance Annual Awards



Nomination Form

Applications are now open for 2018

Nominations can be made for staff and volunteers who demonstrate outstanding qualities in their chosen field of practice and have shown a commitment to their profession in the 12 months leading up to 31st August 2018. Nominations close on 21st September 2018.

Nomination Criteria:

- Recognised as a role model within their profession and/or the community;
- Provides positive direction and guidance to colleagues and fellow health sector members and members of the wider community.
- Delivers outstanding service of practice, or goes above and beyond the call of duty.
- Demonstrates exceptional levels of St John values in integrity, respect, quality, dedication and compassion.

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 3 years. Can be located Territory wide.
- **Patient Transport Officer**
- **Emergency Medical Dispatcher**

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

Excellence in Service Award

Nominations can be received for staff displaying the above qualities who work in the following fields:

- Excellence in Service Volunteer
- Excellence in Service all other staff including Community Education, Workshop, Sales, Training, Community Education, Marketing & Media, Administration

Nominations can be emailed to nominations@stjohnnt.asn.au or lodged at any St John Ambulance Station, Territory wide.

Recognising St John staff and volunteers with the
highest standards in professionalism and compassion.

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Select Category:

Please select only one of the following categories:

- | | |
|--|--|
| <input type="checkbox"/> Paramedic Northern Region | <input type="checkbox"/> Patient Transport Officer |
| <input type="checkbox"/> Paramedic Southern Region | <input type="checkbox"/> Emergency Medical Dispatcher |
| <input type="checkbox"/> New Practitioner | <input type="checkbox"/> Excellence in Service Volunteer |
| | <input type="checkbox"/> Excellence in Service (Community Education, Workshop, Sales, Training, Marketing and Media, Administration) |

I would like to nominate:

Name: _____

Place of Employment (if known): _____

Work Contact: _____

Reason for this nomination:

(please address the nomination criteria and give examples. If necessary, use a separate sheet).

Nominator details:

Name: _____ Telephone number: _____

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