



## NOMINATION FORM

### YOUR DETAILS

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Your relationship to the person you are nominating: *patient, patient's relative, work colleague*

\_\_\_\_\_

When did you or a friend or relative receive care from this Nurse/Midwife?: \_\_\_\_\_

\_\_\_\_\_

Where did you receive care from the Nurse/Midwife?: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_

Phone (home or work): \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### NOMINEES DETAILS

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Nurse: **NURSE** or **MIDWIFE** (please circle)

Tell us why you are nominating this person?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the nominee know that you have entered them for this award?: \_\_\_\_\_

**Mail to: 1029 Hot Tomato, Celebrating Amazing Nurses  
PO Box 10290, Southport QLD 4215**