# COASTN Award for Outstanding Nursing Achievement in Transport Nursing Aotearoa 2025

This award is to recognise an individual transport nurse and the contribution they have made in the field of transport nursing, within their organisation and local, national, and international communities.

The award was established to recognise excellence, research, innovation, and contribution to transport nursing, and is offered as a scholarship (up to \$1000).

The purpose of the scholarship is to facilitate travel or professional development to develop the nurse's career further, for example: attendance/presentation at a conference/symposium or professional meeting, or a visit to other aeromedical services.

## Award regulations

#### Eligibility criteria

The nominee must be:

- Currently working in Transport Nursing within New Zealand,
- intending to continue working in Transport Nursing,
- a member of COASTN for at least two years, and
- prepared to submit and present a report to COASTN within six months of use of scholarship funds.

#### Nomination process

- An individual nurse can be nominated for the award by any current COASTN member,
- the completed Nomination Form must be signed by the nominating nurse and a manager or senior colleague, and
- all sections of the form must be completed and should include an exemplar that summarises the nurse's contribution to aeromedical care (see above assessment criteria).

All nomination forms are to be submitted to the COASTN National Committee through the COASTN secretary.

#### Selection process

The Selection Panel will be the National Executive of COASTN. The Selection Panel may refrain from making a recommendation for the award if it does not find suitable candidate(s) of sufficient merit.

The award value is up to a total of \$1000.00, which, at the discretion of the Selection Panel, may be offered to one or two winners (award money shared). Members of the Executive Committee are excluded from consideration during their term of office.

### Nominations close on 21/09/2025

#### Privacy act 2020

The information collected on this nomination form is used by NZNO/COASTN in its membership systems and to establish your membership for the purposes of establishing eligibility for this award. Information provided will be passed onto the COASTN committee for consideration.

## Supporting evidence

Please ensure that all supporting documentation is in the nomination, including:

- Signed and completed nomination form
- Manager/Senior Colleague section completed and signed
- Exemplar (see assessment criteria) that summarises the nurse's contribution to transport care (up to 1,000 words).

| Assessment Criteria  | Weighting |
|--|-----------|
| Quality of nomination  | 20%       |
| Nomination shows clear evidence of excellence, research,<br>innovation and/or significant contribution to transport nursing –<br>locally, nationally or internationally. ( <i>Case study, research,</i><br><i>quality initiative, other special project</i> ). | 80%       |

- All nominees will be notified of the outcome in writing no later than 28/09/2025.
- The award will be presented to the successful recipient at the 2025 COASTN Conference in Dunedin.
- In accepting the award, the successful recipient agrees to submit and present a report to COASTN within six months of using these funds.

Send the completed nomination to Patrice Rosengrave on coastnflight2023@gmail.com.

## **COASTN Nurse of the Year Award nomination form**

Nomination forms must be submitted to the COASTN Administrator at NZNO National Office.

| NOMINEE DETAILS  |                        |                 |  |
|--|------------------------|-----------------|--|
| Nominee first name and surname:                                    |                        | NZNO Member No: |  |
| Address:   |                        |                 |  |
|  |                        |                 |  |
| Contact phone number:  | Contact email address: |                 |  |
| Organisation:  |                        |                 |  |
| NOMINATOR DETAILS (must be   | a COASTN membe         | r)              |  |
| Nominator name:  |                        | Position:       |  |
| Contact phone number:  | Contact email address: |                 |  |
| LINE MANAGER OR SENIOR COLLEAGUE DETAILS (must be a COASTN member) |                        |                 |  |
| Name:  |                        | Position:       |  |
| Contact phone number:  | Contact email address: |                 |  |

| Date received by COASTN:  |
|---------------------------|
| Selection Panel decision: |
|                           |
| Date:                     |
| Date nominee notified:    |