

**Nomination form for**

**NZ Young Nurse of the Year 2024**

Closing date for nominations: **5.00pm** **14 July 2024**

***NB:*** *Please read the award information and assessment guide document prior to completing this nomination form, which is available at:* [*www.nzno.org.nz*](http://www.nzno.org.nz)

**SECTION 1**

* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Candidate’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Candidate’s date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Under aged 31 years on 31 December 2024? **Yes / No**

If **‘No’** then does not meet the criteria – please see attached.

* Candidate’s contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Candidate’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Candidate’s current postal address:

**COMPLETE ALL FIELDS**

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Candidate’s NZ nursing registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Check on Nursing Council’s website if unsure* [*www.nursingcouncil.org.nz*](http://www.nursingcouncil.org.nz)*)*

* Is the Candidate a member of NZNO? Yes/No
* Candidate’s NZNO Membership number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Candidate must be a current financial member of NZNO to be eligible for the award)***

**WORK RECORD**

**SECTION 2**

* Candidate’s current and last two previous areas of work (if applicable) as a nurse:

Current: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* When did the Candidate begin working as a nurse in NZ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When did the Candidate commence work in their current area? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINATOR INFORMATION**

**SECTION 3**

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* Nominator’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nominator’s relationship to Candidate:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are there any conflicts of interest in your nomination?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Your best contact number:/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note that you may be contacted by the judging panel for further information regarding this nomination.*

* Your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4**

**CANDIDATE RECOMMENDATIONS**

Please specify in 1000 words or less how the Candidate you are nominating demonstrates nursing beyond the everyday expectations of a nurse. Judges will be looking for strong, detailed applications that clearly evidence the strengths and achievements of the Candidate. This should include how the nurse:

* + - * **Shows leadership in practice, research, quality, or other e.g. leading new projects**
			* **Overcomes challenges such as personal challenge, professional challenge, environmental challenge**
			* **Has made a change in patient outcomes resulting from their work**
			* **Contributes to their community or Culture**
			* **Shows compassion or courage beyond what is expected in their role as a nurse**
			* **Has improved care or health outcomes for their patients through their commitment to care, leadership, research, or quality**
			* **Demonstrates how Te Tiritio Waitangi is reflected in their practice beyond expectations, including:**
			* **Delivering care that honours the articles of Tiriti o Waitangi that are:**
	+ **Kawanatanga (Governance) that requires the Government to protect Māori communities’ rights and interests.**
	+ **Tino Rangatiratanga (self-determination) which requires the Government to work with Māori iwi, hapu and whānau in a partnership that reflects the right of Māori to determine their own destiny.**
	+ **Oritenga (equity) which requires the Government to treat Māori equally and should result in equitable outcomes.**

Also, please comment on *specific strengths* of this Candidate based on the criteria for the award.

* **Please feel free to attach / include any evidence / documents / improvement processes, etc, that may support this nomination.**

 (Box will expand as you type)

**SECTION 5**

**Second nominator verifying the accuracy of the nomination information.**

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

Contact telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verification declaration:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I have read the information contained within this nomination form and that it is an accurate description of the nurse’s practice. I also verify that the nurse is under 31 years of age **as at 31 December 2024.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 6**

**Candidate acknowledgement**

**In accepting this nomination for the Young Nurse of the Year Award, the Candidate agrees to the following:**

1. That I may be contacted to provide further information as part of the assessment process
2. That 50% of any cash prize received from NZNO will be used exclusively for further education or professional development.
3. That if successful, I will be available for the 2025 judging panel.
4. That my name, photo, achievements, and any amount awarded may be published.
5. That I may be contacted by the co-editors of Kai Tiaki or other member of staff at NZNO for publicity purposes.

**I agree to the conditions outlined in points one through five above and declare the contents of this application form to be a true and correct record.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send your completed nomination forms to:**

**Heather Sander**

**heather.sander@nzno.org.nz**

**Closing date for nominations**

**5.00pm, 14 July 2024.**

 